

REQUEST FOR TECH/PREP ADVANCED PLACEMENT CREDIT

Date: _____

Advanced placement credit is designed to give the student advanced standing in a Central Maine Community College program.

Student Name _____ Social Security Number _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

High School Attended _____ Graduation Date _____

Vocational/Technical Center Attended _____

Central Maine Community College Major _____

<p>List secondary school courses student has taken for Central Maine Community College advanced placement:</p> <p>Course _____</p> <p>Course _____</p> <p>Course _____</p> <p>Course _____</p>	<p>Central Maine Community College courses for which advanced placement is requested:*</p> <table border="1"> <thead> <tr> <th>Course No.</th> <th>Title</th> <th>Credit</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Course No.	Title	Credit	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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SECONDARY SCHOOL CENTER ENDORSEMENT

I hereby certify that the above named student has met the criteria for advanced placement credit in the course listed.

Secondary School Instructor Name _____ Phone _____ Date _____

Instructor Signature _____ Date _____

CENTRAL MAINE COMMUNITY COLLEGE ENDORSEMENT

Approvals will be processed following the student's completion of advanced placement agreement requirements.

Portfolio, Competency Checklist, Exam (If applicable) Approved _____ Reviewer _____ Date _____

Department Approval _____ Date _____

Registrar _____ Date _____

**It is the students responsibility to provide Central Maine Community College with any documentation required.*