



## Application for High School/BOCES Articulation Credit

Please review the terms of the articulation agreement under which you are applying for course credit and be sure to submit all required documents for consideration.

### TO BE COMPLETED BY THE STUDENT:

Name: \_\_\_\_\_ M#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Major/Degree Program: \_\_\_\_\_

Semester of Enrollment: Fall 20\_\_ Spring 20\_\_

BOCES/CTE Program Name: \_\_\_\_\_

BOCES CTE Program Location: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SUNY MORRISVILLE COURSE(S) TO ARTICULATE:

<u>SUNY Morrisville Course #</u>	<u>Course Title</u>	<u>Credits</u>

### TO BE COMPLETED BY SUNY MORRISVILLE:

\_\_\_\_\_  
 SUNY Morrisville Program/Division Chair Date \_\_\_\_\_

\_\_\_\_\_  
 SUNY Morrisville Academic Dean Date \_\_\_\_\_

\_\_\_\_\_  
 SUNY Morrisville Registrar Date \_\_\_\_\_

Please e-mail completed application with all required documentation (please refer to the articulation agreement for requirements) to the Registrar's Office at registrar@morrisville.edu, or mail to the address listed below.

SUNY Morrisville Registrar's Office  
 P.O. Box 901  
 Morrisville, NY 13408