

Form: CP/2014

## Miami Dade College

## Request for Awarding College Credit for Miami-Dade County Public School Career Pathways

(Toward a Miami Dade College Associate in Science Degree)

		DATE		
STUDENT NAME		MDC STUDENT NUME	OC STUDENT NUMBER/SSN	
Equivalent college-level credit for requested to be awarded toward	Miami Dade Counthe following MDC	ty Public Schools Career Pathways A.S. Degree per articulation agreem	Program is ent:	
A.S. PROGRAM TITLE		PROGRAM COI	PROGRAM CODE	
ACADEMIC DEPARTMENT REV	/IEW			
DEPARTMENT NAME		CAMPUS	CAMPUS	
Miami-Dade County Publi Career Pathways Pro		Miami Dade College Courses	College Credits	
Remarks:				
DEPARTMENT AUTHORIZING	SIGNATURE	DATE		
DEPARTMENT: Forward this form to Can	npus Registrar's Office f	or transcript update.		
REGISTRAR'S OFFICE USE ON	ILY			
Form received by Registrar's Office				
	SIGNATURE DATE		DATE	