



Admissions and Records
 5151 Pacific Avenue, Box 102
 Stockton, CA 95207
 Email: tmani@deltacollege.edu

Articulation San Joaquin Delta College/ Secondary Application for College Credit

Official High School Transcripts must accompany this application.

All forms should be submitted to the Admissions & Records Window, DeRicco Student Services Bldg., 1st Floor.

Delta ID: 98-_____ Email: _____@students.deltacollege.edu

First Name: _____ Last Name: _____

High School/Secondary School: _____

I am applying for the college credit agreed upon in the formal articulation agreement between my secondary school and the San Joaquin Delta College District.

To receive credit, I confirm that I have:

- Successfully completed the courses listed below that were required according to the agreement
- Filed an Application for Admission to San Joaquin Delta College
- Requested credit within two (2) years of course completion or no later than two (2) years after high school graduation

High School/Secondary Course Taken	Equivalent Delta College Course	Office Use
		Approved Denied
		Approved Denied
		Approved Denied
		Approved Denied

 Student Signature

 Date

Secondary transcript received, evaluated, and appropriate action has been taken according to the articulation agreement.

 SJDC Articulation Officer Signature

 Date

Office Use					
Term:	SJDC Course/CCN:	/	Posted Grade:	Date:	A&R:
Term:	SJDC Course/CCN:	/	Posted Grade:	Date:	A&R:
Term:	SJDC Course/CCN:	/	Posted Grade:	Date:	A&R:
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