STUDENT FORM
High School/ROP Occupational Credit by Examination (CBE)
Course Articulation Application for Chabot College

High School/ROP_____

Print Name _____ _____
Last First Middle Social Security Number

Address _____ _____
Number and Street Telephone Number

_____
City Zip Code Date of Birth _____

Are you currently registered at Chabot College? Yes ☐ No ☐

If not, when do you plan to attend Chabot College? (mm/yyyy) _____ / _____

Student Signature _____ Date _____

Routing: Give to high school/ROP instructor to sign and forward

RECOMMENDATION FOR ARTICULATION

I recommend that the student named above receive course articulation from Chabot College for the course(s) listed below. Check the Chabot web site for the list of credit-by-exam articulated courses for your school.

Date of Completion	High School or ROP Course Title	Chabot College Course Title	Grade Earned in HS/ROP Course	Units

High School/ROP Instructor Signature _____ Date _____

Principal/Superintendent/Director _____ Date _____

Routing: Principal/Superintendent/Director send form to:

Marguerite Thomas
Chabot College, Academic Services
25555 Hesperian Boulevard
Hayward, CA 94545

COLLEGE APPLICATION APPROVALS

Dean of HS/ROP Articulation _____ Date _____

Registrar's Office: Posted on PRC _____ A & R Staff _____ Date _____