

Saginaw Valley State University
Credit Application, Recommendation, and Approval Form
For Career and Technical Education Center/High School
Articulation Credit
KINE 100/120 Partnership

FERPA guidelines will be followed: (<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>).

Application Deadlines: This credit-request form may be submitted to SVSU pending the student-applicant's high school graduation but must be *received* for consideration in the appropriate dean's office within one (1) to two (2) calendar years of the eligible student's high school graduation *while initial American Heart Association (AHA) or American Red Cross (ARC) Basic Life Support (BLS), Healthsaver First Aid (FA), and Bloodborne Pathogens (BBP) certification is still valid.* Additionally, the student's University application and admission are prerequisite to submission of this credit-request form.

Section I: Student-Candidate Applying for Articulation Credit Consideration

Student's Last Name: _____ First Name: _____ Middle Initial: _____

E-mail Address: _____ Phone with Area Code: (____) _____ - _____

Home Street Address: _____

City: _____ State: _____ ZIP: _____

Full High School Name: _____

Anticipated H.S. Grad. Month/Year: _____ Student's 7-Digit SVSU I.D. # (if known): _____

Anticipated SVSU Sem./Yr. Start*: Fall (August) Winter (January) Year (specify): _____
(*University-level application may be made to SVSU after Grade 11 marks post to the student's h.s. transcript: www.svsu.edu.)

Student Applicant's Signature: _____ Date: _____

Section II: Recommending Career and Technical Education (CTE) Center/High School

(Recommendations should be made only for those student-candidates having met all requirements as stipulated in Parts B, D, and E of the corresponding articulation. Refer to the articulation document for full details.)

Full Name of Recommending Institution: _____

Student's CTE Program: _____ CIP Code: _____

Student's overall Grade Point Average in above CTE Program*: _____
(*Must include at least the first semester of the senior year.)

Having reviewed the corresponding articulation/transfer agreement, I, the recommending CTE program instructor, attest that the student has met all stipulated requirements.

The student's **current, official** h.s. transcript (including CTE credits/grades) is attached.

A copy of the student's CTE Certificate of Completion is attached.

A copy of the student's AHA or ARC BLS, FA, & BBP certification accompanies this form, and

The student has been notified of their responsibility to have the official above certification report sent to SVSU's College of HHS directly from the certifying agency.

Instructor Comments: _____

● Printed Name of Recommending Instructor: _____

Signature: _____ Date: _____

● Printed Name of Approving Principal: _____

Signature: _____ Date: _____

Sender Mailed Faxed Emailed form/documents on (mm/dd/yyyy): _____

Recommending School Sends Completed Form & Supporting Documents:	
Saginaw Valley State University	
ATTN: College of HHS Dean's Office	Fax: 989.964.4024
Health & Human Services, Rm. H260	Phone: 989.964.4145
7400 Bay Road	Email: hhs@svsu.edu
University Center, MI 48710-0001 U.S.A.	

Section III: Saginaw Valley State University College of HHS Determination

SVSU Program: College of Health & Human Service Major of Choice

SVSU Equivalent Course for which articulation credit is being considered: KINE 100 & 120

Having reviewed the corresponding articulation/transfer agreement, HHS attests that the student has met all stipulated requirements and conditions, including but not limited to passing the standardized assessment and supplying SVSU's College of HHS with the necessary transcript; CTE certificate; and AHA or ARC BLS, FA, and BBP certificate.

Approved Denied SVSU KINE 100/120 Faculty (Print): _____

Signature: _____ Date: _____

Approved Denied SVSU Dean/College (Print): _____

Signature: _____ Date: _____

SVSU Registrar's Office: Received Date: _____ Processed Date: _____

Processing Employee (Print & Signature): _____