



**ANTELOPE VALLEY COLLEGE**  
**Student Request for College Credit**  
**By 2 + 2 Articulation**

AVC ID number: 900-\_\_\_\_\_ Student Name: \_\_\_\_\_

Contact number: (\_\_\_\_)-\_\_\_\_\_ Email address: \_\_\_\_\_

High School: \_\_\_\_\_

Instructor of High School course: \_\_\_\_\_

Courses requested for credit:

Course Number	Course Title	Units
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*Note: Student must submit official transcripts when requesting credit from AVC.*

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