



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

Note: Student must submit official transcripts when requesting credit from AVC.

Student Signature: _____ Date: _____