



Technical Advanced Placement Certificate of Completion

*This is to certify that the student named below has successfully completed a high school/ROP
Course that is articulated with a college of the Coast Community College District.*

Name of Student: _____ Student ID Number: _____

Name of School District/ROP: _____

HS/ROP Articulated Course: _____ Offered at: _____

Date High School/ROP Course Completed: _____

CCCD College: _____ College Course: _____

Based upon an Articulation Agreement between a college of the Coast Community College District and the above named District/ROP, it is recommended that the student be given credit at the above named college, in accordance with the terms of the official articulation agreement, for the course completed at the high school/ROP. The undersigned certify that the student has completed the above Articulated Course. Please note that articulation for this certificate will only be honored up to two (2) years from the date the high school/ROP class was completed. Most courses require "B" grade or better for articulation. Student must submit official high school/ROP transcript to college in order to receive college credit.

HS / ROP Instructor Signature Date