



POS Perkins Statewide Articulation Agreement Documentation Coversheet Community College of Philadelphia

Student Name: _____		PA State ID: _____
Date of Birth: _____		
Secondary School Name: _____		
Secondary School Address: _____		
CTE Program of Study: CIP # _____		CIP Program Name _____

_____ 1. Career and Technical Technical Core Courses List Technical Core Courses only below:	
Grade 10	
Grade 11	
Grade 12	
Overall Grade Point Average Technical Core Courses: _____ / 4.0 Equate to GPA based on a 4.0 scale.	
_____ 2. End of Program Assessment	
Check the appropriate certificate earned by this student on the CIP end of program assessment. (attach)	
_____ Pennsylvania Skills Certificate (or) _____ Pennsylvania Certificate of Competency	

_____ 3. Secondary Competency Task List signed by program instructor (attach)
_____ 4. Industry Certification(s) if applicable, (attach)
Secondary School Representative (individual attesting to document verification) Signature: _____ Print Name: _____ Title: _____ Date : _____
_____ 5. Official Transcript
_____ 6. Copy of High School Diploma
Completed packet must be submitted to the Office of Career and Technical Education