



Certificate of Articulated Course Completion



I certify that _____ from _____
Name High School/ROCP

has successfully completed the articulated course(s) listed below and has attained the skills required to qualify for Gavilan College credit.

High School Course Title	Grade	Length of Course	Date Completed	Equivalent College Course
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

High School/ROCP Faculty

High School

Date

