# High School Course Articulation Request

| WGTC COURSE NAME & TITLE | CREDIT HOUR | REQUIREMENT MET BY HIGH SCHOOL COURSE(S) | DATE MET |
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Student Name: _____

Student ID: _____

Student Signature: _____

WGTC High School Coordinator Name: _____

WGTC High School Coordinator Signature: _____

Date: _____

*Please attach the high school transcript and certification, licensure, testing/exam results, or other documentation.*

*Return completed form and all required documentation to dualenroll@westgatech.edu.*

REVISED 09/01/2026