



**CAREER PATHWAYS
CREDITS TICKET
2021-2022**

CF Official Use Only
Date Received: _____
Scheduled Test Date: _____
Industry Certification: _____
Credits Awarded: _____

STUDENT INFORMATION Please print.

A VALID CF STUDENT ID NUMBER IS REQUIRED TO TEST. Apply to the college at www.CF.edu.

No registration fee payment is required to establish a student ID.

CF ID No.: _____ Birth Date: _____ Gender: Male Female
MM/DD/YY (required)

Legal Name: _____
Last First Middle (complete) Jr., etc.

Mailing Address: _____
Street/ P.O. Box City State Zip Code County

Telephone: _____ Emergency Telephone: _____ Email: _____

PARENT INFORMATION

Parent/Guardian Name: _____ Relationship to Student: _____
Last First

Telephone: _____ Work Telephone: _____

Cell No.: _____ Email: _____

- I understand that if I/my student receives an “A,” “B” or “Pass” on the Career Pathways articulation exam(s), or receives industry certification and enrolls in the corresponding Associate in Science degree program I/my student will receive college credit and will be awarded a grade of “S” which will be placed on a permanent College of Central Florida transcript.
- I understand that I/my student will not be officially enrolled at the college until all required admissions criteria have been met.
- I understand my signature gives permission to share my/my child’s educational records with my instructors, counselors and the CF Career Pathways representative to ensure success.

Student Signature (if over 18) Date (MM/DD/YY) Parent/Guardian Signature (if student is under 18) Date (MM/DD/YY)

A TEACHER MUST COMPLETE THIS SECTION

High School: _____ Program Area Completed: _____

I certify the above named student currently has a grade of B or better in the three high school class(es) indicated in the completed program area.

Certifying Teacher’s Name (Please print) Certifying Teacher’s Signature Date (MM/DD/YY)

Criminal Justice ONLY: Grade received on final exam: _____

