

ARTICULATION REQUEST

FROM: _____
Community College

TO: _____
University

COMMUNITY COLLEGE SECTION

Course Title: _____ PCS Code _____

Course Prefix _____ Course Number _____ Credit Hours _____ Lecture _____ Lab _____

Check One: This is:

A proposed course. Effective date of first class _____

An established course.

A revised course. Effective date of change _____

Explain nature of the change(s):

Return completed form to: Name _____

E-mail _____

SENIOR INSTITUTION SECTION Please answer **all** of the following:

1. This course will be accepted as transfer credit.

Yes

No

2. If accepted, it will articulate as (choose one):

Direct Equivalent to _____

If not evaluated as a direct equivalent, what could be changed to make this equivalent?

Major/Department Elective

Please identify major or department _____

General Elective

3. **This course will apply to general education requirements.**

Yes. If so, identify the general education area(s) for which this course will apply.

No

4. Indicate effective date (term/year) _____

5. Comments or questions: _____

APPROVED BY: _____

DATE _____

Official Transfer Coordinator, Senior Institution

E-mail address: _____