

Form 13 (September 2013)	Today's Date	
	Return By	

ARTICULATION REQUEST

FROM:		To:	
Community College		University	

COMMUNITY COLLEGE SECTION

Course Title:					PCS Code:				
Course Prefix:		Course Number		Credit hours		Lecture		Lab	

Check one: This is:

<input type="checkbox"/>	A proposed course. Effective date of first class:	
<input type="checkbox"/>	An established course.	
<input type="checkbox"/>	A revised course. Effective date of change:	

Explain nature of the change(s):

u.select SECTION (List universities and obtain copies of current tables)

Existing course: Evidence of articulation available on Transferology	University:	
University:	University:	

Return completed form to:

Name:	
E-mail:	

SENIOR INSTITUTION SECTION

Please answer the following

1. This course will be accepted as transfer credit.	Yes:		No:	
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2. If accepted, it will articulate as: (choose one):

<input type="checkbox"/>	Direct Equivalent to:	
<input type="checkbox"/>	If not evaluated as a direct equivalent, what could be changed to make this equivalent?	
<input type="checkbox"/>	Major/Department Elective Please identify major or department:	
<input type="checkbox"/>	General Elective	

3. This course will apply to general education requirements.

<input type="checkbox"/>	Yes. If so, identify the general education area(s) for which this course will apply:	
<input type="checkbox"/>	No.	

4. Indicate effective date (term/year)

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5. Comments or questions:

APPROVED BY:	Date:
<i>Official Transfer Coordinator, Senior Institution</i>	Email: