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|--------------------------------------|--------------|--|
| Form 13 (July 2019) | 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): | | |

Transferology 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: |
| 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) | | | |
| 5. Comments or questions: | | | |
| APPROVED BY: | | Date: | |
| <i>Official Transfer Coordinator, Senior Institution</i> | | Email: | |