

### 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: \_\_\_\_\_