

## Request for Articulation Form

### Instructions

Please submit the following information to help initiate a new articulation agreement, or to modify/update an existing one. This information will help SCTCC faculty and administration to determine course content alignment between the high school and college. SCTCC administration makes the final decision on whether or not a high school course articulates.

Please see the *Request for Articulation—INSTRUCTIONS* for further information.

<b>Today's Date:</b>	<b>Type of Articulation (check one):</b> <input type="checkbox"/> New Course <input type="checkbox"/> Renewal of Existing Course with Course Revisions
<b>Name of School District and ISD number:</b>  <b>Type of academic year:</b> <input type="checkbox"/> Quarters <input type="checkbox"/> Trimesters <input type="checkbox"/> Semesters <input type="checkbox"/> Other (Type: _____)	<b>Name of High School Teacher:</b>  <b>Email address:</b>  <b>Telephone:</b>
<b>Is the School District a member of Great River Perkins Consortium (GRPC)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, which one? _____) <input type="checkbox"/> Unsure	<b>Name of SCTCC Course Number and Title:</b>  <b>Number of Credits:</b>

### High School Course Information

<b>Name of High School Course:</b>  <b>Number of Credits:</b>	<b>Length of High School Course (i.e. number of instructional hours):</b>	<b>Grade level of Students to whom this class is available (check all that apply):</b> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>	<b>Is this course articulated with other colleges?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If "yes", which colleges?</b>
---	---	---	---

**Please record below any comments or clarifications for this articulation request:**

### **Additional Required Documentation**

- A complete high school course syllabus or course outline
- A course description, including course goals, course learning outcomes, course competencies, and overall course rigor
  - Note: high school teachers may review the college course competencies list and indicate which competencies are taught in the high school course
- Prerequisites required (if any)
- List of texts, workbooks, required software, and supplemental materials (include titles, author, and edition)
- Information about equipment used and physical teaching spaces
- Expectations of student involvement/assignments (i.e. any job shadowing, internships, projects, or other requirements)
- Industry certificates covered or earned (if any)
- Assessment criteria
  - Expectations for student performance
  - Description of tests and testing, and a description of how student learning is assessed
  - Specifications for culminating project or group project, if required as part of the course

**Please submit this completed form, as well as additional documentation, in electronic form to:**

Susan Jordahl  
Director of K-12 Initiatives  
St. Cloud Technical and Community College  
[susan.jordahl@sctcc.edu](mailto:susan.jordahl@sctcc.edu)

If you have any questions, please contact Susan Jordahl at (320) 308-5908.

12/2017

## Articulated Credit Validation Form

### Acknowledgements

The undersigned high school and college faculty and administration agree that students who successfully complete the secondary course indicated in this agreement, and have earned a course grade of “B” or better, will receive articulated college credit for this course. In order to receive the articulation for the courses taken at St. Cloud Technical and Community College (SCTCC), the student must:

- Enroll at SCTCC within five (5) years of high school graduation.
- Submit a high school transcript to SCTCC staff that shows graduating in good standing.
- Present an Articulation Certificate of Credit to the SCTCC Registrar’s Office.

College credit will be awarded upon verification of enrollment at SCTCC, provided that all criteria have been met. An SCTCC transcript will be created for students who enroll and successfully complete a course at SCTCC.

High School Contact Information	SCTCC Staff Contact Information
<p><b>Name of High School:</b></p> <p><b>Name of High School Course:</b></p> <p><b>Number of Credits:</b></p>	<p><b>Name of SCTCC Department:</b></p> <p><b>Name of SCTCC Course:</b></p> <p><b>Number of Credits:</b></p>
<p><b>Name of High School Teacher:</b></p> <p><b>Name of High School:</b></p> <p><b>Phone Number:</b></p> <p><b>Email:</b></p>	<p><b>Name of SCTCC Faculty:</b></p> <p><b>Name of Program Area:</b></p> <p><b>Phone Number:</b></p> <p><b>Email:</b></p>



**Name of SCTCC Academic Dean:**

**Name of Title/Program Area:**

**Phone Number:**

**Email:**

**Signatures**

\_\_\_\_\_  
*High School Teacher*

*Date*

\_\_\_\_\_  
*SCTCC Faculty*

*Date*

\_\_\_\_\_  
*SCTCC Academic Dean*

*Date*

\_\_\_\_\_  
*SCTCC Director of K-12 Initiatives*

*Date*

**Please return this completed form to:**

Susan Jordahl  
Director of K-12 Initiatives  
St. Cloud Technical and Community College  
[susan.jordahl@sctcc.edu](mailto:susan.jordahl@sctcc.edu)

If you have any questions, please contact Susan Jordahl at (320) 308-5908.