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:*

	A proposed course. Effective date of first class:	
	An established course.	
	A revised course. Effective date of change:	

Explain nature of the change(s):

Transferology SECTION (List universities and attach copies of articulation results.)

Existing course: Evidence of articulation available in 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):

	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	Email:

Form 13 Information can be found in the ICCB Program Approval Manual, September 2013, pgs 93-97