

**Request Form to Establish/Revise Articulation Agreement
Internal Use Only**

This form is designed to help gather the information necessary for the articulation process. If you are interested in developing or updating an articulation agreement with another institution for a DCCCD program, complete the information below and return the form to Transfer Services and University Relations Office. Please include copies of related information such as correspondence, current agreements, curriculum changes, or anything else that will provide knowledge about the type of articulation desired. If you are requesting articulation with more than one institution, please complete a separate form for each institution providing the pertinent information.

If you have any questions, please contact Gregg Williams, Transfer Services and University Relations at 214-860-2185 or gwilliams@dcccd.edu.

I. DCCCD PROGRAM INFORMATION

DCCCD College (circle one or more): BHC CVC EFC ECC MVC NLC RLC District Office

DCCCD program area for articulation: _____

Academic Programs (AA AS AAT)

Workforce Education (AAS)

Program contact for articulation: _____

Phone: _____ E-mail: _____@dcccd.edu:

Campus: _____

Type of articulation agreement desired:

New

- General Articulation Agreement (Agreement that outlines terms & conditions in broad terms)
- Program Articulation Agreement (Agreement identifies specific transfer courses, certificates, degrees)
- Description of degrees/programs covered in this agreement:
 - 1.
 - 2.
 - 3.

Revise an existing agreement

If this is a request to revise an EXISTING agreement, indicate the reason: (Check all that apply.)

Changed curriculum – DCCCD (*Please attach changes or if on the web, provide the URL.*)

Changed curriculum – receiving institution

Other: _____

II. RECEIVING INSTITUTION INFORMATION

Institution to which you would like to articulate: _____

Program or degree area(s): _____

Please indicate how articulation discussions will be initiated:

- The institution has already contacted DCCCD.
- Someone from DCCCD has already contacted the institution.
- No contact has been made: DCCCD will be initiation articulation.

If you have already established a contact at this institution, please list their information below:

Name and title: _____

Phone #: _____

Departmental address: _____

III. ADDITIONAL INFORMATION

Use the back of this for to include any additional information that will assist the articulation process. (i.e.: Problems with specific courses transferring, transfer rates for this program/institution if known, admissibility of DCCCD students, past partnerships or collaborations with this institution for this area, etc.)

IV. DCCCD SIGNATURES

Department Chair: _____ Date: _____

Dean: _____ Date: _____

Please submit completed form to Transfer Services and University Relations (District Office).