

CTE Dual Credit Course Articulation

District: _____ High School: _____

CTE Director Name: _____ CTE Director Email: _____

High School Teacher Name: _____ Teacher Email: _____

College to Articulate/College Program(s): _____

Check one box: New Articulation Update of Articulation 3-Year Renewal of Articulation

Course Information Alignment: Complete the table below to crosswalk the high school and college courses.

	College (to be completed by the college) **Pre populated	High School/District (to be completed by high school/district)
Course Title(s)		
Course Prefix/Number(s)		
Course Description		
CIP Code(s)		
Course Prerequisites		
Total Number of Hours/Credits Lecture: Lab: Clinical/Worksite:		
Course Text, Materials, and/or Software		
Industry Certifications/Credentials		
Course Topics		

List additional materials agreed upon, if required (example: assessments, assignments, or rubrics):

Course Learning Outcomes (LO) and Competency Crosswalk: Complete the table below to demonstrate how the high school course learning outcomes align with the college course learning outcomes and assessments.

Course Outcomes (to be completed by college):		Course Outcomes (to be completed by the High School):	
Course Upon successful completion of the course, students will be able to:	How is this assessed?	Course Upon successful completion of the course, students will be able to:	How is this assessed?
1.			
2.			
3.			
4.			
5.			
6.			
7.			

***This agreement is valid for 3 academic years after the final signature approval date. If college or high school curriculum changes during this timeframe, we agree to review.*

8.			
9.			
10.			
11.			
12.			

Acknowledgment of Completion of Review

I have reviewed the high school and college course information for this CTE Dual Credit articulation. The courses are equivalent and by signing, I approve this articulation.

District

CTE Director: _____ Signature: _____ Date: _____

College

Faculty Lead/Chair: _____ Signature: _____ Date: _____

Dean/Administrator: _____ Signature: _____ Date: _____

CTE Dual Credit Staff: _____ Signature: _____ Date: _____

Date Articulation Active: _____

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