



## 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.*

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

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: \_\_\_\_\_

*\*\*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.*