

High School Request for Articulation Checklist

High School:	D.	Date of Submission:	
HS Course N	ame:		
☐ New Articulation Request? Name of College Course Articulation:			
☐ Add to Ex	isting Articulation? Name of College Course Art	ticulation:	
High School	Faculty:		
Email:	Phone:		
High School	Faculty:		
Email:	Phone:		
for information following item	nitting your request, check the Statewide Enrollm on about currently available articulated programms for initiating a new articulation, or inclusion is Course Syllabus to include: Course description Where course fits within the program of study Prerequisites required if any Books and software used Expectations of student involvement (i.e. job shaden) Length of course (semester/hours)	as: https://www.ctesers.org Submit the in an existing articulation:	
List of Sp •	How class will be taught Course standards Expectations for student performance ecific Competencies Competencies written as measurable outcomes Industry skill standards covered Industry certifications covered (if applicable)		
•	Industry certifications covered (if applicable)		
 Assessment Criteria Specifications for culminating project or group project, if required Description of testing / how students will be evaluated 			
☐ Student w	orkbooks and supplemental material required for	the course (list titles, authors/have available for review)	
Please attach	all the required items and return this request to:	ctedualcredit@btc.edu or mail to: Bellingham Technical College ATTN: CTE Dual Credit 3028 Lindbergh Ave Bellingham, WA 98225	
For Consortium Use	2		
Date received:_	Date evaluated:	_Evaluator:	
Next stens:			