



EvCC Articulation Request Checklist for CTE Dual Credit Program

Effective Academic Year:

School District:

High School:

Contact Person:

Contact Phone Number:

Contact Email Address:

High School Course Name:

CIP #:

Articulation Request: **New Request** **Existing Articulation - Update of Content**

Is this course articulated with another colleges? **Yes** **No**

If yes, what other college(s) is this course articulated with?

List all teachers who will be teaching this course. Personal information will only be used to contact a teacher for final grades or HR related information.

- 1. Teacher First and Last Name:
 - a. Work Email Address:
 - b. Personal Email Address:
 - c. Personal Phone Number:

- 2. Teacher First and Last Name:
 - a. Work Email Address:
 - b. Personal Email Address:
 - c. Personal Phone Number:

- 3. Teacher First and Last Name:
 - a. Work Email Address:
 - b. Personal Email Address:
 - c. Personal Phone Number:

Submit the following items to initiating a new articulation or to update an existing articulation.

1. Detailed Course Syllabus including:

- Course descriptions
- Prerequisites required (if any)
- Books, software and other supplemental materials used (Titles and Authors only)
- Expectations of student involvement (i.e., job shadowing, internship or projects)
- Length of course (semester/hours)
- How class will be taught – course standards
- Expectations for student performance

2. Pathway

- Attach a pathway document for this course of study

3. List of Specific Competencies

- Learning Outcomes
- Industry skill standards covered
- Industry certifications covered (if applicable)

4. Assessment Criteria

- Specifications of group project, if required
- Description or overview of testing or how students will be evaluated

Attach all required items and return this request to the EvCC CTE program at cte@everettcc.edu