**Appendix A: Intent to Plan an Articulation Agreement**

Person completing this form: Click here to enter text.

Phone: Click here to enter text. Date: Click here to enter text.

1. Identify the purpose of the proposed articulation.

Click here to enter text.

2. Identify each institution and the respective contact person for this proposal.

|  |  |
| --- | --- |
| Partner Institution | Contact Person |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

3. Identify all primary programs and departments involved in this proposal.

|  |  |
| --- | --- |
| Program | Department |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

4. Identify specific courses/resources needed for support of this proposal from departments/colleges that are not primary to the purpose of this articulation proposal.

|  |  |
| --- | --- |
| Course | Department offering course |
| Click here to enter text. | Click here to enter text. |
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|  |  |
| --- | --- |
| Other resources needed | Department/Division to support this resource |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

Presented to Council of Deans on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Council of Deans:  endorses

returned for revision

does not endorse

Comments:

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provost Date