



ARTICULATION RENEWAL FORM 2016 – 2017

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|---------------------------------|--|
| High School: | |
| High School Course: | |
| Columbia College Course: | |

Completed by High School Instructor:

A. I have reviewed the current Articulation Agreement for this course with the appropriate Columbia College faculty and wish to report the following:

| | |
|--|---|
| | I verify that our course listed above has no changes in the title, department name, course number, course content, course standards or other curricular modification. [Skip to Part B, complete Part C] |
| | I verify that the following changes need to be made: (Check all below that apply, fill in the specific change in the space provided. Complete Part B and C.) |
| | Title: |
| | Department Name: |
| | Course Number: |
| | Other: |

B. I verify that changes have been made to the following:

| | | | |
|--|-----------------------|--|---------------------|
| | Course Content | | Textbook Change |
| | Examination/Portfolio | | College Examination |
| | | | Course Objectives |

**(Current and Updated Course Outline and All Examinations are required for any changes made to this section)
(Please attached updated course outline/examination.)**

C. Please provide all requested information below:

| | |
|-------------------|----------|
| Textbook Title: | |
| Author: | |
| Publication Date: | Edition: |

| | |
|--|-------|
| High School Instructor Signature: | Date: |
| High School Chair Signature: | Date: |
| Columbia College Instructor Signature: | Date: |
| Columbia College CTE Dean Signature: | Date: |