

Request for Articulated Course Credit Application

Instructions for Staff and Administrators to Request Articulated Course Credit from LCCC

1. **Complete the following (one per course) before submitting:**
 - Request for Articulated Course Credit form (Page 1)
 - Course Information and Analysis/Student Requirements for Credit Award form (Page 2)
 - Recommendation for Approval (Page 3)
2. **Attach the following to support your request:**
 - A detailed course syllabus for each course requested, include skills being taught within the topic
 - A listing of the assignments given in the course, including in-class homework, projects, papers, etc.
 - A listing of the assessments given in the course, including final grading scale
 - Any other required documentation (as identified by the Institution's instructor and LCCC faculty member)
3. **Obtain all Institutional signatures on the forms before submitting your request to the College.**

THE AGREEMENT MAY REMAIN IN EFFECT FOR UP TO 2 YEARS and EXPIRE ON JUNE 30 OF THE YEAR INDICATED

Request for Program: High School _____ Adult _____ Other _____

Is request for a **New** or **Renewal** agreement? (circle one) If renewal, expiration date of prior agreement: _____

Institution Name: _____ Phone Number: _____

Address, City, Zip: _____

Institution's Contact Name: _____ Contact Phone Number: _____

Contact Email Address: _____

Articulated Course Requested (One course per application)

Institutional Course or Program	LCCC Course #	LCCC Course Title	LCCC Credit Hours

Request(s) Approved _____ Yes _____ No _____

 Signature, District Superintendent or Administrator Date

 Print Name, District Superintendent or Administrator

Request(s) Approved _____ Yes _____ No _____

 Signature, LCCC Provost/VP for Academic and Learner Services Date

If disapproved, please summarize reason: _____

LCCC Use Only:

Received from Institution: _____ Agreement Expires: June 30, _____ Extended: _____

LCCC Division Notified: _____ Received from Division: _____ Institution Notified: _____

Signed Agreement Received from Institution: _____

Course Information and Analysis / Requirements for Credit Award

Instructions for Institutional Staff and Administrators

For the course requested, please provide the specific requirements the student will have to meet in order for articulated credit to be awarded.

Course Request (One course per application)

Institutional Course or Program	LCCC Course #	LCCC Course Title	LCCC Credit Hours

Student must meet the following requirements to receive articulated credit (attach additional sheets if needed):

- 1) _____
(The minimum grade typically recommended is not lower than a "B".)
- 2) _____
- 3) _____
- 4) _____

Is there any Certificate/Industry Credential requirement? (e.g. CPR Certification): _____ **If so, name of the certificate or credential:** _____

Grade level of students taking the course: ____ Junior ____ Senior ____ Adult ____ Other

Total student contact hours for this articulated course: _____

Textbook Information:

Book Name: _____

Author: _____ Publisher: _____

Copyright Date: _____ ISBN Number: _____

Instructor Credentials (include any and all that apply, or attach vita/resume):

Degree(s) related to area of instruction: _____

Business/professional experience related to instruction: _____

Professional Certifications in area of instruction: _____

Other related education/training: _____

List any other courses articulated by this instructor with LCCC: _____



Recommendations for Approval

Site Visit Dates To: _____ LCCC _____ Institution

RECOMMENDATIONS FOR APPROVAL

The following individuals have reviewed the articulated course request noted above and recommend approval:

INSTITUTION

 Institution's Instructor Signature Print Date

 Institution's Instructor Signature Print Date

 Institution's Principal or Administrator Signature Print Date

LORAIN COUNTY COMMUNITY COLLEGE

 LCCC Division Faculty Signature Print Date

 LCCC Division Faculty Signature Print Date

 LCCC Division Dean Signature Print Date

Please be sure to attach a syllabus, listing of assignments, and listing of assessments for the course or program requested to be articulated (see page 1 instructions). Additional Sheets Attached? Yes No

Mail the original application and documentation to the following office:

ATTN DR. CATHY DIETLIN
 REACHhigher: College Tech Prep
 LORAIN COUNTY COMMUNITY COLLEGE
 201 BURNS ROAD
 ELYRIA OH 44035

If you have questions or need assistance regarding the programs, please call Sharon at (440) 366-4846 or email cdietlin@lorainccc.edu.