



**Request Form to Establish/Revise Articulation Agreements
Internal Use Only**

This form is designed to help gather the information necessary for the articulation process. If you are interested in developing or updating an articulation agreement with another institution for an ACC program, complete the information below and return the form to Articulation Office Academic Programs at HBC. Please include copies of related information such as correspondence, current agreements, curriculum changes, or anything else that will provide knowledge about the type of articulation desired. Complete a separate form for each institution you are requesting articulation with providing the pertinent information. **If you have any questions, please contact Dr. MaryJane McReynolds, Articulation Director at 3-7677 or mmcreyno@austincc.edu.**

I. ACC PROGRAM INFORMATION

ACC program area for articulation: _____

- Academic Programs
- Workforce Education

Program contact for articulation: _____

Phone: 3-_____ E-mail _____@austincc.edu Campus: _____

Type of articulation agreement desired:

- New
- Revise an existing agreement

Is this a request to revise an EXISTING AGREEMENT? Indicate the reason: (Check all that apply)

- Changed curriculum – ACC (*Please attach changes or if on the web, provide the URL*)
- Changed curriculum – receiving institution
- Other: _____

II. RECEIVING INSTITUTION INFORMATION

Institution to which you would like to articulate: _____

Program or degree area(s): _____

Please indicate how articulation discussions will be initiated:

- The institution has already contacted ACC.
- Someone from ACC has already contacted the institution.
- No contact has been made: ACC will be institution articulation.

I have established contact at this institution. Here is their contact information:

Name and title: _____

Phone #: _____

Departmental address: _____

E-mail: _____

III. ADDITIONAL INFORMATION

Use the back of this form to include any additional information that will assist the articulation process. (i.e. Problems with specific courses transferring, transfer rates for this program/institution if known, admissibility of ACC students, past partnerships or collaborations with this institution for this area, etc.)

IV. ACC SIGNATURES

Task Force Chair/Department Chair: _____ Date: _____

Dean: _____ Date: _____

Please submit completed form to Articulation and Transfer Resources, Academic Programs – HBC. THANK YOU!