

**Idaho Professional Technical Advanced Opportunities**  
**Between \_\_\_\_\_ College and \_\_\_\_\_ High School**  
**Request For 2016-2017 School year**

<b>Choose One:</b>	
	Current teacher - New course articulation request
	Current teacher – prior approved articulation renewal request
	Current teacher – prior approved articulation modification request
	New teacher – New articulation request

List the secondary professional-technical Program of Study courses that you wish to articulate.			College Course you wish to align articulation with
<b>HS COURSE #</b>	<b>HS COURSE TITLE</b>	<b>Please choose:</b> Sem. / Tri. / Yr.	

**This Application must include the following :**

1. **High School Teacher Name:** \_\_\_\_\_
2. **High School Teacher email:** \_\_\_\_\_
3. **High School Teacher contact #:** \_\_\_\_\_
4. **Credentials:** PTE certified – Yes or No
5. **Education degree / certification level:** \_\_\_\_\_
6. **Course Text information & supplies being used to teach the course:** \_\_\_\_\_  
\_\_\_\_\_
7. **Competencies/Outcomes** – Please attach a copy of your course outcome competencies for each course you wish to articulate.
8. **Assessment at the completion of class** – Please attach a sample or information for the assessment used to evaluate the course competencies for each course you wish to articulate.

**For EITC Office Use Only:**

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Approved / Denied by: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Division Manager

Post-secondary Instructor (PSI) overseeing articulation: \_\_\_\_\_

PSI Email: \_\_\_\_\_ PSI Phone: \_\_\_\_\_