Articulation Application

Idaho Professional Technical Advanced Opportunities
Between ______________________College and _______________High School
Request For 2016-2017 School year

Choose One:
- 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

<table>
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<tr>
<th>HS COURSE #</th>
<th>HS COURSE TITLE</th>
<th>Please choose: Sem. / Tri. / Yr.</th>
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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: ___________________
PST Supporting Instruction (PSI) overseeing articulation: ____________________
PSI Email: __________________________ PSI Phone: _______________________

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