



**ARTICULATION REVIEW/RENEWAL
Between**

_____ **AND** _____
College Name *High School/ROCP Name*

Instructions:

- 1) Check applicable boxes.
- 2) Attach corrected or additional data to this form.
- 3) Sign and return this form by as soon as possible to:
_____ College (address, phone, and fax)

**The following articulation agreement has been reviewed by all appropriate
faculty at this high school and college:**

High School/ROCP Name _____ College Name _____

High School/ROCP Course Name and Units _____

College Course Name and Units _____

- There are no changes.
- The following revisions have been or will be made. (Check all that apply.)
 - Course title/number/prefix change to: _____
Effective date: _____
 - Content has changed.
 - Request new articulation
 - Cancel articulation
 - Course no longer offered as of (effective date): _____
 - *New agreement meets Statewide Career Pathways Project Template:

 - Other: _____

***Important note:** If this renewed agreement can be associated with a Statewide Career Pathways Template, be sure to submit a copy of this entire document to info@statewidepathways.org, to ensure that it is included in the project's public online database.

APPROPRIATE SIGNATURES

Name	Signature	High School Teacher
Name	Signature	High School Administrator
Name	Signature	HS Articulation Coordinator
Name	Signature	Ohlone College Faculty
Name	Signature	Ohlone Division Dean
Name	Signature	Ohlone Vice President- Instruction

For _____ College Articulation Office Use Only

-
- Articulation Renewal Approved
 - New Articulation Needed
 - Articulation Canceled

Comments:

Tech Prep Project Director

Date