



OHLONE COLLEGE

# Tech Prep 2+2 REQUEST FOR ARTICULATION



**HIGH SCHOOL/ADULT EDUCATION/ROP DISTRICT ORIGINATING REQUEST:**

Name of HS/Adult Ed./ROP district: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Hours: \_\_\_\_\_

**HIGH SCHOOL/ADULT EDUCATION/ROP COURSE SUBMITTED FOR ARTICULATION:**

Course Number.: \_\_\_\_\_

Course Title: \_\_\_\_\_

*\*Submitting district will include completed Course Outline (form/disk to be provided by Ohlone College)*

**PROPOSED ARTICULATED OHLONE COLLEGE COURSE:**

Dept. & Course No.: \_\_\_\_\_

College course title: \_\_\_\_\_

*For Ohlone College use only*

Date of receipt of request by Office of Instruction: \_\_\_\_\_

Date of submission to Division Dean: \_\_\_\_\_

Date of submission to Instructor: \_\_\_\_\_

Division Dean's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Action by Division Dean:

*(if request is disapproved, complete Articulation Denial form and distribute to all parties)*

Instructor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Action by Instructor:

If request is approved, the Tech Prep Director will complete an Articulation Agreement form, obtain approval signatures, and forward all documents (including High School/Adult Education/ROP and Ohlone College course outlines) for processing and distribution.

Date: \_\_\_\_\_

Please send completed request and course outline to the office of Tina Dodson, Tech Prep Project Director, Ohlone College, 39399 Cherry Street, Newark, CA 94560