Form B

To be completed by QCC Coordinator/Faculty

ARTICULATION AGREEMENT EXTENSION REQUEST

The original agreement was established between **High School program/course** and QCC’s **program/course** on **date**. Please complete the appropriate section, based on review of your current curriculum, and return it in the enclosed envelope by **date**.

Section A:

I verify that the curriculum, instructional methods employed, and available equipment and facilities have not changed by more than 20% from those stipulated in the original articulation agreement, valid **date** to **date**.

Coordinator/Faculty – Quinsigamond Community College Date

Section B:

I verify that the curriculum, instructional methods employed, and available equipment and facilities have changed by more than 20% from those stipulated in the original articulation agreement. I understand that a new Request for Course-Equivalency Credit will need to be initiated.

Coordinator/Faculty – Quinsigamond Community College Date