**QUINSIGAMOND COMMUNITY COLLEGE**

**REQUEST FOR COURSE-EQUIVALENCY CREDIT**

**ARTICULATION REVIEW FORM**

Thank you for your interest in partnering with Quinsigamond Community College. In order for your students to receive credit for advanced high school learning experience, we need to establish course equivalency. Please answer the items below as completely as possible. Should you need assistance, please do not hesitate to call\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Under Review College Course to Articulate**

High School Course/Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College Course/Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Summarize the goal of this course and attach a syllabus:
* Briefly summarize the objectives of this course and attach supporting materials:
* Summarize the academic proficiencies, outcome and/or competencies of the course and attach the supporting materials:
* Describe instructional methods, i.e. how the content of the material is presented, learning activities, etc.:
* Describe the amount of classroom time the student spends gaining course competencies, i.e. lecture hours/week, field trips, homework, observations, etc.
* Describe assessment methods:
* Describe Course Materials Used (include text, publisher, edition):

Instructor’s Name Phone: \_\_\_\_\_\_

Instructor’s Credentials or Expertise (attach resume):

High School Facilitator/Site Coordinator: \_\_\_\_\_\_ \_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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