



SAN BERNARDINO VALLEY COLLEGE

Secondary to Post Secondary Articulation - CORRECTION TO COURSE NAME ONLY

_____ San Bernardino Valley College _____ and _____
Name of Secondary School/ROP

Post-secondary Course Equivalency

_____ Course Number _____ Course Name/Title

Secondary Course Name on original agreement:

_____ Course Name/Title

CORRECTED or ADDITIONAL Secondary Course Name:

_____ Course Name/Title

- I certify that this request is for a **Course Name change ONLY**, there is no change to the official Course Outline of Record, or to the final exam previously approved by SBVC faculty.
- I certify that **BOTH** secondary course names are used in this district, and both use the same official Course Outline of Record and final exam previously approved by SBVC faculty.

**School/ROP
Responsible**

Administrator: _____
Printed Name

Signature

Change Effective Date: _____

Email the completed form along with official course outline showing updated course name to:

San Bernardino Valley College
CTE Transitions
Nicole Gutierrez
ngutierrez@sbccd.ca.us