



SECONDARY ARTICULATION COURSE TEACHERS

District/Organization: _____

Secondary Course Equivalency:

Please list all of the courses that must be completed successfully for articulated credit to be granted.

Post-Secondary SBVC Course Equivalency Number: _____

Post-Secondary SBVC Course Equivalency Name: _____

Please provide a list of all of the teachers who are teaching the above secondary articulated course.

By signing, teachers acknowledge that they have read the approved Proposal to Articulate Secondary to Post Secondary Coursework and will ensure that they will adhere to the Course of Record outline and documents described and attached to that proposal.

Name	School Site	Email Address	Signature