



Articulation Agreement Review

Agreement Title: _____

Approval Date: _____ Anniversary Date: _____

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Recommended Action: *Renew/Maintain Agreement* (no changes required)

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Recommended Action: *Modify Agreement and Renew* (minor changes required)

Curriculum Revision (Delgado) _____

Curriculum Revision (Senior College Partner) _____

Other (please describe): _____

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Recommended Action: *Terminate Agreement*

Program Terminated, Phased out, or Significantly Revised (Delgado/Partner) _____

Student Progress Not Acceptable (result of assessment/feedback) _____

Student Interest Lacking (data supported: attitudinal/quantitative) _____

I have reviewed the referenced agreement, approve the recommended action(s), and certify the agreement is aligned with the College's mission and program's purpose.

Academic Dean's Name (print)

Academic Dean's Signature

Date

Academic Division (School) _____

Received: Office of Curriculum and Program Development _____

Director, Curriculum and Program Development