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Dakota County Perkins Consortium

2016-2018

Dakota County Technical College

COLLEGE CREDIT ARTICULATION AGREEMENT
 between Dakota County Technical College and

 (High School Name and Perkins Consortium Name—
 Only **one** high school per form)

A. High School Instructors: Please include a copy of your high school course syllabus listing course content outcomes the length of time the course meets, and any certifications/technical skill assessments earned in your course.

All parties: Discuss and Verify Agreement on Course Components (check *EACH* topic after agreement has been reached): This completed agreement (front and back) documents faculty confidence that the high school course provides a minimum 80% match to the college course. Articulated college credit introduces the high school student to the rigor of a college course within the comfort of their high school environment.

____ Course Content (min. 80% covered) ____ Course Rigor Satisfactory ____ Learning Outcomes Match
 ____ Equipment Comparable ____ Syllabus Included ____ Textbooks/Software are Equivalent
 ____ Assessments Included ____ Technical Skills Assessment Discussed ____ Certifications Confirmed

B. High School Staff: Please complete the table below.

If more than one high school class from one high school is to be used for this agreement, all high school classes must be listed, with the word "AND" between them.

**Please indicate: This is a ____ New Agreement ____ Renewed Agreement, and will expire on June 30, 2018.

High School Name and City Name	-High School Course Title(s) -Number of Hours per Class -Length of Course	Name of DCTC Program	DCTC Course Code and Number	DCTC College Course Title (This will also be the name of the Articulation Agreement)	College Credits Earned
<i>Ex: ABC HS In XYZ, MN</i>	<i>3D Animation and Modeling --64 Hours/trimester</i>	<i>Multi-Media and WebDesign</i>	<i>VCOM 2660</i>	<i>3D Modeling and Animation</i>	<i>2 of 3</i>

Discussion: Please indicate the Grade levels of students to whom the agreement is available: _____ 10 _____ 11 _____ 12

Note: Name of Articulation Agreement will be the name of the DCTC College Course: _____

**Please record below any comments/clarifications for this agreement

Dakota County Consortium College Articulation Agreement College Credit Validation Form and Signatures

The high school officials and college officials agree that students who successfully complete the secondary course(s) indicated in this agreement by earning a grade of A or B will have attained the necessary academic and technical level to receive Articulated College Credit for this course. **In order to receive the articulation credit (partial or full) for the course(s) taken through Dakota County Technical College, students must:**

1. Enroll in courses at Dakota County Technical College within 2 years of high school graduation.
2. Submit a high school transcript to Dakota County Technical College that shows graduating in good standing.
3. Present an Articulation Certificate of Credit to the Dakota County Technical College Registrar's Office. Credit will be awarded upon verification of enrollment at DCTC, provided that the above criteria have been met. A Dakota County Technical College transcript will be developed only for those students who enroll in and successfully complete a course at Dakota County Technical College.

This signed articulation agreement is valid for 2 (fill in) years beyond high school graduation .
(High school instructors and college faculty are required to review agreements **every year.**)

HIGH SCHOOL CONTACT INFORMATION:

The sections below must be completed for all high school instructor(s) who are part of this agreement at this school . Please print or word process.

DCTC STAFF CONTACT INFO

The sections below must be completed by participating college instructor and dean. Please print or word process.

<p>High School Instructor 1</p> <p>School _____</p> <p>Name _____</p> <p>Phone Number _____</p> <p>Email _____</p>	<p>DCTC College Instructor</p> <p>Program Area _____</p> <p>Name _____</p> <p>Phone Number _____</p> <p>Email _____</p>
<p>High School Instructor 2</p> <p>School _____</p> <p>Name _____</p> <p>Phone Number _____</p> <p>Email _____</p>	<p>DCTC College Program Dean</p> <p>Program Area _____</p> <p>Name _____</p> <p>Phone Number _____</p> <p>Email _____</p>

Signatures will be completed after review of the agreement has been completed:

Signatures below validate and support this Dakota County Technical College Credit Articulation Agreement:

High School Instructor Date

Dakota County Technical College Program Dean Date

Dakota County Technical College Instructor Date

Dakota County Perkins IV Coordinator Date

Please return form to:

Patrick Lair, Director of Student Services
ISD 917, 1300 – 145th Street East, Rosemount, MN 55058
Patrick.lair@dctc.edu 651.423.8399