**Dakota County Consortium Articulation Form**

**Articulation Agreement Contract between Dakota County Technical College (DCTC)**

**And : (only one high school per form ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please submit one form for each college course articulation.**

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 **two** years between DCTC and the high school, and expires June 30, \_\_\_\_\_\_.

**High School Staff:** **Please complete Sections I through V in 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" used between them. **College staff will complete Section VI** .

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section I:  High School Name and City Name |  Section II:  -High School Course Title(s)  -Number of Hours per Class -Length of Course | Section III:DCTC Subject Code and Number |  Section IV:DCTC College Course Title  (**This will also be the name of**  **The Articulation Agreement** |  **Section VI:** College  To Fill In: College Credit: Earned:  |
|  |  |  |  |  |
|  |  |  |  |  Credits: \_\_\_\_of \_\_\_\_\_ |

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

**HIGH SCHOOL CONTACT INFORMATION: DCTC STAFF CONTACT INFO**

**The sections below must be completed for all The sections below must be completed**

**high school instructor(s) who are part of this agreement by participating college instructor and dean.**

**at this school . Please print or word process. Please print or word process.**

|  |  |
| --- | --- |
| **High School Instructor 1:** | **DCTC College Instructor :** |
| Phone :  | Phone: |
|  Email:  | Email |
|  Signature/date:  | Signature/date: |
| **High School Instructor 2:** | **DCTC College Program Dean:** |
| Phone: | Phone Number |
|  Email:  | Email |
|  Signature/date: |  Signature/date: |
|  |

**Please return form to:** Patrick Lair, Director of Student Success

ISD 917, 1300 – 145th Street East, Rosemount, MN 5505

**Patrick.lair@dctc.edu** 651.423.8399