Articulation Agreement Proposal Form

Date: _____

NCTC Program: _____

Campus: _____

Award: ☐ Certificate ☐ Diploma ☐ AS
☐ AAS
☐ AA

NCTC Program Contact:

Name: _____

Phone: _____

E-mail: _____

Articulating Institution(s)

MnSCU:					
	Name	Dept	Contact(if known)	Degree	Comments
1.					
2.					
3.					
Other					
1.					
2.					
3.					

Narrative: *Please describe/explain your proposal.*