



**SOUTHEASTERN WASHINGTON
DUAL CREDIT PROFESSIONAL
TECHNICAL CONSORTIUM**

High School Request for CTE Dual Credit Course Articulation Form

Walla Walla Community College requests the following information to help determine whether your high school course aligns (is equivalent) to the college course articulation is being requested for. Please be complete in your responses and attach all required documents as listed in the checklist provided below.

Is this request a: New Articulation Renewal w/Revisions Renewal/No Changes

Is your school part of the local Dual Credit Consortium? Yes No

High School Name: _____ Date: _____

School District Name: _____

High School Course Name: _____

Career Cluster: _____ Pathway: _____

High School CIP Code #: _____

High School Teacher: _____

Email: _____ Phone: _____

High School Teacher: _____

Email: _____ Phone: _____

CTE Director's Name: _____

Email: _____ Phone: _____

Name of College Course (if known): _____

Is this course articulated with other colleges? Yes No

If yes, which ones? _____

Required Supporting Documentation:

- High School Course Overview** (*information may be included in the frameworks and/or syllabus*)
 - Course description and course goals
 - Length of class (# of semesters or # of total instructional hours)
 - Prerequisites required, if any
 - List of texts, workbooks & supplemental material (*include title, author and edition*)
 - Computer Software used (*include version used*)
 - Expectations of student involvement/assignments (*i.e. job shadowing, internships or projects*)

- Copy of Teaching Certificate Form** - to verify the instructor is certified to teach the CTE course
- List of Specific Competencies** (*information may be included in the frameworks and/or syllabus*)
 - Learning outcomes - competencies written as measurable outcomes
 - Industry certifications/credentials covered (*if applicable*)
 - OSPI Frameworks for the course
- Assessment Criteria** (*information may be included in the frameworks and/or syllabus*)
 - Expectations for student performance
 - Description of testing/how student learning is assessed
 - End of course assessments or other evidence of examination
- Program of Study** (*K-12 information completed*)
 - One for each school district's school participation in the articulation
 - List sample occupations and regional salaries relating to the pathway
- CTE Dual Credit Notice to Students** (*must be included in syllabus when requesting articulation renewal*)
 If you are requesting an articulation update or renewal, the high school syllabus **MUST** include a notice to students indicating the course is CTE Dual Credit approved and articulated with one or more colleges. Please use the following statement:

College CTE Dual Credit Program:

This course is *CTE Dual Credit* approved and articulated with Walla Walla Community College. Students who demonstrate proficiency of the college course competencies with a 'B' (3.0) or better grade for EACH semester enrolled in the articulated high school class, *may* earn college credit through the *CTE Dual Credit* program. Only Students who meet deadlines and eligibility requirements will be awarded college credit. Participation in the CTE Dual Credit program is voluntary. High school students registered in the Student Enrollment Reporting System (SERS) for CTE Dual Credit will follow WWCC student policies for transcription of credit as the high school grading system may not exactly align with the college's. Credit and/or grades will not be removed once they have been transcribed.

Students may earn credit for the following college courses:

(Course Prefix and Number)	(Course Name) – (Number of Credits)
(Course Prefix and Number)	(Course Name) – (Number of Credits)
(Course Prefix and Number)	(Course Name) – (Number of Credits)

Contact the Perkins Program Coordinator with any questions. Please submit this form in an electronic format. Attach all required items and return this request to:

Perkins Program Coordinator
 Email Address: kara.billingsley@wwcc.edu
 Office: 509.527.4619

For WWCC CTE Dual Credit Office Use Only

Primary Reviewer: _____ Date Received: _____

Schedule a Meeting
 Approved
 Not Approved

Comments: