



Please Complete and Return to Texoma Tech Prep
techprep@grayson.edu
 or techprep@nctc.edu

REQUEST FOR ARTICULATION 2007-2008

| | | | |
|--|-------------|------------------------|---|
| Name: | | Email: | |
| ISD: | | Phone Number: | |
| High School: | | Tech Prep Coordinator: | |
| Please list all any/all credentials : | | | |
| Degrees: | Licensures: | Certifications: | ATC Statewide Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Renewal Date: |
| Requesting articulation at: <input type="checkbox"/> North Central Texas College <input type="checkbox"/> Grayson County College | | Date Submitted: | |

Tech Prep Programs:

| | | |
|--|--|--|
| <input type="checkbox"/> Accounting (GCC) | <input type="checkbox"/> Computer Software Systems (GCC) | <input type="checkbox"/> HVAC (GCC) |
| <input type="checkbox"/> Business Management (NCTC) | <input type="checkbox"/> Criminal Justice (NCTC, GCC) | <input type="checkbox"/> Med. Laboratory Tech. (GCC) |
| <input type="checkbox"/> Collision Repair Technology (GCC) | <input type="checkbox"/> Drafting Technology (NCTC, GCC) | <input type="checkbox"/> Microcomputer App. (GCC) |
| <input type="checkbox"/> Computer Aided Drafting (NCTC, GCC) | <input type="checkbox"/> Drug/ Alcohol Abuse (GCC) | <input type="checkbox"/> Nursing (NCTC, GCC) |
| <input type="checkbox"/> Comp. Information Systems (NCTC) | <input type="checkbox"/> Education (NCTC) | <input type="checkbox"/> Office Systems Tech. (NCTC) |
| <input type="checkbox"/> Computer Maintenance (GCC) | <input type="checkbox"/> Equine Science (NCTC) | <input type="checkbox"/> Paramedicne (NCTC, GCC) |
| <input type="checkbox"/> Comp. Networking Tech. (NCTC) | <input type="checkbox"/> Farm & Ranch Management (NCTC) | <input type="checkbox"/> Welding Technology (GCC) |

Course to be considered:

| High School Course Name | PEIMS Number | Textbook | Equipment/ Software (if applicable) | Course Length (9wk/Sem/Yr) | # HS Credits (.5 or 1) | Work Based Learning CO-OP <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------|--------------|----------|-------------------------------------|----------------------------|------------------------|--|
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please submit the course syllabus including a list of the competencies/objectives with this request.

For Office Use Only

| Course Name | Course Number | Approved <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------|---------------|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Program Director

Date

[] Approved for articulation [] Changes completed [] More information needed Date finalized: _____ By: _____

Questions? 903-463-8648