

**Front Range Community College**  
**ARTICULATION AGREEMENT: SECONDARY INSTITUTION**

*Table Of Contents*

<i>ARTICULATION AGREEMENT: SECONDARY INSTITUTION.....</i>	<i>2</i>
<i>ARTICULATION AGREEMENT APPLICATION PROCESS.....</i>	<i>3</i>
<i>STUDENT APPLICATION PROCESS.....</i>	<i>3</i>
<i>FRCC ARTICULATION COURSE EQUIVALENCY LIST .....</i>	<i>4</i>
<i>ARTICULATION AGREEMENT COURSE EQUIVALENCY: <b>Blank Copy</b> .....</i>	<i>5</i>
<i>TRANSFER CREDIT.....</i>	<i>6</i>
<i>EVALUATION REQUEST .....</i>	<i>6</i>



Reference # \_\_\_\_\_

**Front Range Community College**  
**ARTICULATION AGREEMENT: SECONDARY INSTITUTION**

Provider: Front Range Community College Date of Agreement: \_\_\_\_\_

School Location(s) Larimer Campus Expiration Date: \_\_\_\_\_

Department: Business (AAS/AA Bus Transfer) Program: \_\_\_\_\_

**PURPOSE:** The purpose of this agreement is to award academic credit for course requirements offered as part of a FRCC certificate or degree program based on the completion of equivalent courses in the above program at the recognized secondary institution.

**TERMS/CONDITIONS:** An articulation agreement established with the college shall not exceed two years in duration. Students requesting credit shall satisfy the conditions of this articulation agreement at FRCC within 3 years after their termination of student status at the secondary institution. Any request received after that period shall be reviewed under the FRCC credit for prior learning policies and procedures in effect at the time of the request.

**PROCESS:** Students shall be responsible for initiating the process, by making application according to the conditions of the Articulation Agreement Application Process document.

**CURRICULUM:** Credit will be awarded as stated within the Articulation Agreement Course Equivalency document.

**REVISIONS:** This agreement shall be reviewed annually by both parties or at such time that substantive program changes occur within the college or school district program. Revisions may be initiated, in writing, by either party, for review, negotiation and approval within thirty (30) days.

**AUTHORIZED FRCC SIGNATURES:**

**AUTHORIZED PROVIDER SIGNATURES:**

\_\_\_\_\_  
Vocational Director                      Date

\_\_\_\_\_  
Vocational Director/or representative                      Date

\_\_\_\_\_  
Instructional Dean                      Date

\_\_\_\_\_  
Curriculum Director/or representative                      Date

\_\_\_\_\_  
Department Chairperson                      Date

\_\_\_\_\_  
Date



Reference # \_\_\_\_\_

## Front Range Community College **ARTICULATION AGREEMENT: SECONDARY INSTITUTION**

Provider: Front Range Community College Date of Agreement: \_\_\_\_\_

School Location(s) Larimer Campus Expiration Date: \_\_\_\_\_

Department: Business (AAS/AA Bus Transfer) Program: \_\_\_\_\_

### **ARTICULATION AGREEMENT APPLICATION PROCESS**

#### **ELIGIBILITY:**

- ! Student must be currently enrolled for credit at Front Range Community College at the time of application for credit.
- ! Student must apply within three (3) years after their termination of student status with the secondary institution.
- ! Student must receive a grade of C or above in high school course(s).

#### **Student Application Process:**

- Step 1:** Student should obtain a blank copy of the Articulation Agreement Course Equivalency document for the specific articulation agreement and a copy of an official secondary high school transcript from their high school records office.
- Step 2:** Student should obtain a FRCC Transfer Credit Evaluation Request from the FRCC Admissions Office and submit the completed copy to the FRCC Records Office. Attach the documents obtained in step 1 to the FRCC Transfer Credit Evaluation Request form.
- Step 3:** FRCC Transcript Evaluator will review the documents submitted to determine the application of course(s) credit according to the terms and conditions of the articulation agreement.
- Step 4:** FRCC Records Office will post academic credits for the appropriate course(s) satisfied under the articulation agreement. A written notice of course credits awarded will be sent to the student.



Reference # \_\_\_\_\_

## Front Range Community College ARTICULATION AGREEMENT COURSE EQUIVALENCY

Provider: POUDRE SCHOOL DISTRICT Date of Agreement: \_\_\_\_\_

School Location(s) PSD HIGH SCHOOLS Expiration Date: \_\_\_\_\_

Program: BUSINESS / MARKETING FRCC Program: Business (AAS/AA Bus Transfer)

Clock Hours: \_\_\_\_\_

POUDRE SCHOOL DISTRICT SECONDARY PROGRAM CURRICULUM		FRCC COLLEGE CREDIT	
Upon completion of the following program...		...FRCC agrees to award the following credits	
Course Title/Number (if app.) *SEE PSD Course Catalog for number of credits.	Credits	Course Number/Title	(Credit Hours)
ENTREPRENEURSHIP	5	MAN 160 Entrepreneurship	3
BUSINESS LAW	5	BUS 216 Legal Environment of Business	3
INTERNATIONAL BUSINESS	5	BUS 203 International Business	3
FINANCE	5	BUS 116 Personal Finance	3
ACCOUNTING	5	ACC 101 Fundamentals of Accounting	3
MARKETING	5	MAR 111 Principles of Sales	3
MANAGEMENT	5	MAN 116 Principles of Supervision	3
WEB DESIGN I	5	CWB 130 Dreamweaver	3
WEB DESIGN II	5	CWB 245 Flash and Fireworks	3
<b>TOTAL CREDIT HOURS</b>		<b>TOTAL CREDIT HOURS</b>	
<b>In accordance with the 2007-2008 course outline/planning guide.</b>		<b>In accordance with the 2007-2008 FRCC Catalog or curriculum guide.</b>	

\*\*\*Must take Web I & Web II at the secondary institution for articulated credit.

**ARTICULATION AGREEMENT COURSE EQUIVALENCY**Provider: POUDRE SCHOOL DISTRICT Date of Agreement: \_\_\_\_\_School Location(s) PSD HIGH SCHOOLS Expiration Date: \_\_\_\_\_Program: BUSINESS / MARKETING FRCC Program: Business (AAS/AA Bus Transfer)

Clock Hours: \_\_\_\_\_

POUDRE SCHOOL DISTRICT SECONDARY PROGRAM CURRICULUM		FRCC COLLEGE CREDIT	
Upon completion of the following program...		...FRCC agrees to award the following credits	
Course Title/Number (if app.) *SEE PSD Course Catalog for number of credits. Credits		Course Number/Title	(Credit Hours)
<b>TOTAL CREDIT HOURS</b>		<b>TOTAL CREDIT HOURS</b>	
In accordance with the 2007-2008 course outline/planning guide		In accordance with the 2007-2008 FRCC Catalog or curriculum guide	



# TRANSFER CREDIT EVALUATION REQUEST

**Larimer Campus**  
**4616 Shields**  
**Fort Collins, CO 80526**  
**970.204.8107**

***If you plan to complete a degree or certificate program at FRCC and wish to have transfer credits from other institutions evaluated toward that degree program or certificate program:***

- 1) You must have an *APPLICATION FOR ADMISSIONS* on file at FRCC and be enrolled in classes before the transcripts will be evaluated and credits posted to your student record.
- 2) All applicable transcripts must be sent directly to the FRCC Admissions and Records Office from the previous education institution(s) attended. Hand carried (sealed), "issued to student", and faxed transcripts **are not** considered official and therefore will **not** be used for an official evaluation.
- 3) Once your previous transcript(s) are received by FRCC, they become part of your permanent record. You must obtain your own additional copy for advising purposes.

- 
- ✎ Please indicate your valid degree or certificate plan.
  - ✎ If you have not indicated a valid degree or certificate plan, your evaluation will be based on the criteria for an Associates of Arts/Science Degree.
  - ✎ Please refer to the College Catalog or see an Academic Advisor for further assistance.
  - ✎ If you are not planning on obtaining a degree from FRCC, your previous colleges' transcripts do not require an official evaluation.

***What is your FRCC Degree or Certificate Plan?*** \_\_\_\_\_

---

Results of your evaluation will appear on your transcript within 4-6 weeks. To view results you can go online at [www.frontrange.edu](http://www.frontrange.edu). You will need to have your *student ID number* and *PIN*, or the results can be mailed to you at your request.

***Check here if you would like to have your results mailed to you:*** ☐

---

## Print

**Name:** \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Initial Previous name on transcripts?

**Address:** \_\_\_\_\_  
Street City State Zip

**SID/SS#** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NAME OF INSTITUTION(S) FORWARDING TRANSCRIPTS: Write in space below, or provide label.**

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_