Articulation Agreement Checklist

Program Name: _____

Community College: _____

_____ Articulation Agreement **New** *- or-* _____ Articulation Agreement **Renewal**

If Renewal, Expiration Date of Previous Agreement: _____

Date Completed	Articulation Agreement Process
	Contact the Transfer Team at transferteam@udmercy.edu to determine if a Transfer Guide for the program exists and/or needs to be updated. Transfer Team may be able to provide additional assistance on this process.
	Program Rep uses the current **Articulation Agreement Template** to draft the document.
	Articulation Agreement draft is forwarded to the Transfer Team for editing. The Program Rep is contacted regarding any edits, suggestions, or need for additional info.
	Program Rep emails Articulation Agreement draft to Community College Contact for review/informal approval. Revise if necessary and show Transfer Team the new version.
	Final Articulation Agreement is emailed to transferteam@udmercy.edu for REG approval. Transfer Team initials _____/Date _____ Registrar initials _____/Date _____
	The Articulation Agreement is emailed by the Transfer Team to the Program Rep for themw 1 0 0 M 3 6 A 9 u 4 4 0 T 9 Tm( )TJ ET Q[(t)6(o)0 5( )0 3(t)6(he)0 5( )0 6(Tr)4 9(ans)8 9(f)3 5(er)5( )0 5(T)9 6(ea)0 5(m)4 9( )0 5(f)3 4(o)2