



PRE-TEACHER EDUCATION ARTICULATION AGREEMENT
DECLARATION OF INTENT TO TRANSFER

Fill in the information requested on the front and back of this form, sign and date, and obtain the signature of the authorized officer at your community college.

Student Name: \_\_\_\_\_ Date \_\_\_\_\_

Community College (Select One): \_\_\_\_\_

Student ID#: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work or cell) \_\_\_\_\_ E-mail: \_\_\_\_\_

Desired Licensure Program \_\_\_\_\_

As evidence of my interest in and intent to transfer to: \_\_\_\_\_, and in accordance with the provisions of Pre-Teacher Education Articulation Agreement (PTEAA) between \_\_\_\_\_ and the Virginia Community College System (VCCS), I am submitting this letter of intent to transfer.

Upon completion of the \_\_\_\_\_ (degree program title) at \_\_\_\_\_, if I have met the requirements for admission outlined in the PTEAA, I intend to enter \_\_\_\_\_ in the \_\_\_\_\_ Semester of \_\_\_\_\_ (year).

I understand that it is my responsibility to:

- 1. Read the PTEAA and Pre-Teacher Education Curriculum (PTEC) documents for \_\_\_\_\_ .
2. Meet minimum grade criteria identified in the PTEAA and all prerequisites for courses in the intended teacher education program as documented in the PTEC document.
3. Discuss any desired changes with my counselor or academic advisor for the pre-teacher education program, who will make changes as appropriate. I understand that changes in program content are not allowed unless specified in the PTEC for \_\_\_\_\_.
4. Become familiar with information contained in the \_\_\_\_\_ catalog and meet all academic requirements and application deadlines for the selected teacher education program.
5. Meet any new university requirements or new approved program requirements developed because of changes in Virginia teacher licensure requirements, or state, national, or federal requirements and standards. If my anticipated date of enrollment changes, I will notify my community college counselor.
6. Enroll in \_\_\_\_\_ in the semester indicated above or no later than four years of signing the PTEAA Letter of Intent and 18 months after completing an approved transfer oriented associate degree.
7. Submit a copy of this agreement with the admission application to \_\_\_\_\_.
8. Request that all previously attended colleges/universities submit an official transcript to \_\_\_\_\_.
9. Notify my counselor or academic advisor if participation in the PTEAA is to be terminated.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorized Community College Representative \_\_\_\_\_

Date \_\_\_\_\_

Signed forms should be presented to your counselor or academic advisor who will submit a copy to the four -year institution. Retain a signed copy of this form for your records.