

Idaho Professional Technical Advanced Opportunities
 Between _____ **College** and _____ **High School**
 Request For **2016-2017** School year

Choose One:	
	Current teacher - New course articulation request
	Current teacher – prior approved articulation renewal request
	Current teacher – prior approved articulation modification request
	New teacher – New articulation request

List the secondary professional-technical Program of Study courses that you wish to articulate.			College Course you wish to align articulation with
HS COURSE #	HS COURSE TITLE	Please choose: Sem. / Tri. / Yr.	

This Application must include the following :

1. **High School Teacher Name:** _____
2. **High School Teacher email:** _____
3. **High School Teacher contact #:** _____
4. **Credentials:** PTE certified – Yes or No
5. **Education degree / certification level:** _____
6. **Course Text information & supplies being used to teach the course:** _____

7. **Competencies/Outcomes** – Please attach a copy of your course outcome competencies for each course you wish to articulate.
8. **Assessment at the completion of class** – Please attach a sample or information for the assessment used to evaluate the course competencies for each course you wish to articulate.

For EITC Office Use Only:	
Date Received: _____	Date Reviewed: _____
Approved / Denied by: _____ <small>Division Manager</small>	Start Date: _____
Post-secondary Instructor (PSI) overseeing articulation: _____	
PSI Email: _____	PSI Phone: _____