REQUEST FOR CONSIDERATION OF ARTICULATED COURSE

Check only one box:

☐ We would like this course to be considered as a Noncredit Articulated course at Chabot College. Students will NOT receive course credit at Chabot College.

☐ We would like this course to be considered as a Credit By Examination Articulated course at Chabot College. Students WILL receive course credit at Chabot College.

REQUESTED COURSE:

<table>
<thead>
<tr>
<th>HS/ROP/Adult School:</th>
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<tbody>
<tr>
<td>HS/ROP/Adult School Course Name:</td>
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<tr>
<td>HS/ROP/AS Course Number: CBED Code:</td>
</tr>
<tr>
<td>Target Chabot College Course Name:</td>
</tr>
<tr>
<td>Chabot Course Number:</td>
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</tbody>
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___________________________________________________          ____________________
HS/ROP/AS Instructor Signature                                                     Date

___________________________________________________          ____________________
Principal/Superintendent/Director Signature                                        Date

Please attach the following completed forms to this page when submitting request:
☐ Articulation Course Outline Form & Final Exam
☐ Articulation Agreement Form

Send Forms to: Dawn Girardelli, CTE Articulation Coordinator
25555 Hesperian Blvd, Suite 727-C
Hayward, CA 94545

[Tracking - Office Use Only]

CC Received : ____________
Route to Dean: ______________ Date: ____________ ☐ Approve
Route to Division Faculty: ______________ Date: ____________ ☐ Deny Request
Reason for denial: ________________________
Route to Articulation Officer: ______________ Date: ____________

_________________________________________