Secondary/Postsecondary Program Articulation

*Programs entered on this form are considered by the State of Arizona Department of Education to be "articulated". Parties represented here agree that the following listing of coherent sequence of courses have been reviewed and agreement has been reached regarding the curricular flow, sequence, and when noted, credit potential within this program. Dual/Transcripted/other types of Credit Courses are noted with *.*

Tech Prep Consortia _____ Secondary Program Area _____ CIP CODE _____

High School/District _____ Community College _____

Phone _____ Phone _____

*List all High School **Career Preparation** courses in program sequence*	Community College Program:_____ *Program Name* *CIP (6 digits): _____(format XX.XXXX)* *List **"For Credit" Courses** Only*	Number of Credits	Postsecondary Degree/Certificate Associated with this Program
Grade 9 dfdf	Course # Course Name		
Grade 10			
Grade 11			
Grade 12			

_____ _____ _____

Secondary Representative	Postsecondary Representative	Date