

PROGRAM-TO-PROGRAM ARTICULATION AGREEMENT
[COMMUNITY COLLEGE NAME]
[COMMUNITY COLLEGE PROGRAM]
WESTERN OREGON UNIVERSITY
[WESTERN OREGON UNIVERSITY PROGRAM]

The Parties to this Program-to-Program Articulation Agreement are [COMMUNITY COLLEGE NAME] and Western Oregon University (WOU).

Effective Date:

This agreement is effective beginning the [20XX-20XX] academic year, and is subject to bi-annual review by both Institutions for continuation and/or modification.

Purpose/Transfer Agreement:

The purpose of this agreement is to develop, maintain, and promote a smooth academic pathway that supports successful transition to WOU in [ACADEMIC PROGRAM]. It is agreed that students transferring from [COMMUNITY COLLEGE NAME AND PROGRAM DEPARTMENT NAME] will be given credit for the courses listed below. This agreement does not guarantee admission to WOU, nor does it carry any other promises, such as financial aid or course placement, unless otherwise noted.

This agreement is based on an evaluation of the rigor and content of the education courses at both [COMMUNITY COLLEGE NAME] and WOU. The courses listed below have been reviewed by WOU faculty and articulated as report below as of [MONTH DATE].

Required Courses for [ACADEMIC PROGRAM] Majors – Equivalent Credits

[COMM COLLEGE] Course # and Title	Credits	WOU Course # and Title	Credits
Ex: ASL 111 First Year American Sign Language, Term 1	4	Ex: ASL American Sign Language I	4

[COMMUNITY COLLEGE] students are required to follow WOU’s admissions and application guidelines.

It is recommended that students transferring to WOU obtain an AAOT two-year degree from [COMMUNITY COLLEGE]; specific general education courses will



transfer to meet WOU general education requirement. Recommended general education transfer courses include: WR 121, 6-8 Arts & Letters credits, 6-8 Social Science Credits, 8-10 credits of a natural science course with a lab, 4-5 credits of Math, and one course that meets the Cultural Diversity Requirement. These credits will be built into a four-year plan and dovetail with AAOT requirements.

Terms of Review:

This agreement is subject to bi-annual review by both Parties for continuation and/or modification not less than ninety (90) days prior to the end of the academic year. Continuation and/or modification of this agreement must be provided in writing for attachment to the original agreement. Written notice will be given to WOU's Dean of the College of Education, Department Head or Program Coordinator, Provost, and Transfer Specialist by [COMMUNITY COLLEGE]'s Dean and approved by [COMMUNITY COLLEGE] President, Vice President of Student Services, and WOU's Dean of the College of [EDUCATION or LIBERAL ARTS]).

Miscellaneous:

[FILL OUT IF APPLICABLE]. MAY NOT BE REQUIRED OF ALL PROGRAM-TO-PROGRAM AGREEMENTS.

Terms/Termination:

Amendments to this Agreement may only be in writing and executed by a duly-authorized representative of each Party. Amendments are only valid if they are executed by persons authorized to bind the Party in contract.

This Agreement may be terminated at any time by mutual written agreement. Notice of the Agreements termination must be provided by [PARTY INITIATING TERMINATION] to WOU's [DEAN of COLLEGE of EDUCATION or LIBERAL ARTS], Department Head or Program Coordinator, Division Chair, Provost, Office of the Registrar, and Transfer Specialist.

WOU Contact(s):

[DEAN NAME]
[TITLE]
E: [EMAIL]
P: [Phone]

[DEPARTMENT HEAD/
PROG COORDINAOR NAME]
[TITLE]
E: [EMAIL]
P: [PHONE]

[PROG COORD NAME]
[TITLE]
E: [EMAIL]
P: [PHONE]

[COMMUNITY COLLEGE] Contact(s):

[DEAN NAME]
[TITLE]
E: [EMAIL]
P: [Phone]

[COMMUNITY COLLEGE DEAN/DEPT HEAD]
[TITLE]
E: [EMAIL]
P: [PHONE]

[ARTICULATION AGREEMENT COORD]
[TITLE]
E: [EMAIL]
P: [PHONE]



Robert G. Winnigham
Provost
E: winninr@wou.edu
P: 503.838.8271

Amy Clark
Registrar
E: clarkaj@wou.edu
P: 503.838.8187

Kristin Mauro
Transfer Specialist
E: maurok@wou.edu
P: 503.838.8732

Signatures:

Western Oregon University

[COMMUNITY COLLEGE NAME]

By: _____
[DEAN NAME] DATE
[TITLE]

By: _____
[VICE PRESIDENT, NAME] DATE
[TITLE]

By: _____
[DEPT HEAD/PROG COOR NAME]
DATE
[TITLE]

By: _____
[EXECUTIVE DEAN NAME]
[TITLE]

By: _____
[DIVISION CHAIR Name] DATE
[TITLE]

By: _____
DEAN NAME] DATE
[TITLE]

By: _____
[PROVOST NAME] DATE
Provost

By: _____
[Rex Fuller] DATE
University President