ARTICULATION AGREEMENT **EXTENSION**

 BETWEEN

**(NAME OF HIGH SCHOOL)**

AND QUINSIGAMOND COMMUNITY COLLEGE

This agreement is entered into Quinsigamond Community College of Worcester, Massachusetts, and **(High School Name),** of **(Town Name),** Massachusetts, for the purpose of establishing a formal basis for articulation between Quinsigamond’s **(Course Name & Number)** and **(High School Name)**’s **(Course Name & Number).**

Having undertaken and completed a review and evaluation of the curriculum, instructional methods employed, and available equipment and facilities, we have concluded that the skills and competencies mastered by the participants completing (**Course Name & Number)** at **(High School Name)** continue to be comparable to those required by Quinsigamond students in the **(Name of QCC Program)** Program.

Therefore, as a result of this assessment and in accordance with the recommendations of the faculty, it is hereby agreed that, subject to the conditions set forth below, participants shall be entitled to an award of the following equivalent credits:

**NAME OF HIGH SCHOOL** QUINSIGAMOND COMMUNITY COLLEGE

High School

**COURSE NAME AND TITLE COURSE NUMBER / TITLE /CREDITS/DESCRIPTION**

* CRITERIA FOR ACCEPTANCE
	+ 80 or above for courses being articulated
	+ C average or better in other courses (Minimum 2.0 GPA)
	+ High School transcripts reviewed
	+ Must meet QCC Course Pre-requisites/See Course Description
* It is further agreed that **(High School Name and Course Name)** participants who apply for and receive academic credits under the terms of this Agreement shall be charged any applicable fees by Quinsigamond in accordance with existing College policy. Payment of fees is the individual responsibility of the participant who applies for credit. Participants are also subject to all prevailing college policies.
* This agreement has been reviewed, extended, and is valid for a period of 3 years; from **(start date)** to **(expiration date)** provided neither party changes its curriculum by more than 20%. An annual approval will be completed as well.

Authorized Signature – High School Date

Dean – Quinsigamond Community College Date