

Secondary Articulation Agreement Packet

Includes all instructions and forms:

- Secondary Articulation Agreement
- Student Application for Articulated Credit
- Authorization to Grant Secondary Articulated Credit



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Secondary Partnership with HFC

Instructions

Secondary School and Career & Technical Education (CTE), Instructors or Administrators interested in establishing new secondary partnership articulation agreements:

- 1. Complete Part A of the Secondary Articulation Agreement (page 4).
- 2. Attach secondary program documentation including:
 - a. program description including list of required CTE courses;
 - b. course description for each required CTE course; and
 - c. syllabus for each required CTE course;
- 3. Once completed, email or mail *Part A* of the Secondary Articulation Agreement (page 4) and supporting documents to:

Brandon Nowak, Articulation Agreement Manager at: bnowak1@hfcc.edu

-Or-

Henry Ford College Academic Services / P-12 Relations 5101 Evergreen Rd., Bldg. L-314 Dearborn, MI 48126-3460

4. The appropriate HFC Instructor, Faculty Chair, Dean or Associate Dean will review your program and course documents to determine if articulated credit opportunities exist; they may request follow-up information if necessary; they will complete the *Program Specific Terms, Conditions, and Requirements* section (page 5); and the completed agreement will be returned to you for your signature.

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Secondary Articulation Agreement

| Part A (To be co | mpleted | by Se | econdary CTE Instru | cto | r or Administı | rator.) | | | | |
|---|----------|-------|---------------------|-----|----------------|-----------|--|------|---------|--|
| District / High School / Career Center | | | | | | | | | | |
| Secondary Program Title: | | | | | CIP Code: | | | | | |
| Name and Title of Secondary Contact: | | | | | | | | | | |
| Mailing Address | s: | | | | | | | | | |
| | Stree | t & O | ffice Number | | City | | | Stat | e & Zip | |
| Office Phone: | | | | | Email: | | | | | |
| | Area Coo | de | Number | | | | | | | |
| Part B (To be completed by HFC Instructor, Dean or Associate Dean.) | | | | | | | | | | |
| HFC Program Title: | | | | | | CIP Code: | | | | |
| Date of Agreement: | | | | | | | | | | |
| Agreement Period: | | 3 Ye | ears | | | | | | | |
| *Expiratio | n Date: | | | | | | | | | |

*For the purposes of students enrolling and receiving articulated credit, this agreement remains effective for three (3) additional years after the expiration date. This will allow students who completed the secondary program during the agreement period to finalize the agreed upon requirements and receive articulated credit.

Purpose: The purpose of this agreement is to facilitate the transition of students from the above-named high school Career and Technical Education program to the aligned Associate Degree Program or Career and Technical Education Program at Henry Ford College (HFC). Academic credit is awarded for course requirements of the HFC certificate or degree program based on the completion of equivalent courses in the above named program at the recognized secondary institution.

General Terms and Conditions: An articulation agreement established with the College shall not exceed three years in duration. Students requesting articulated credit shall satisfy the conditions and requirements as stated in this agreement within three (3) years after their termination of student status at the secondary institution. Any request received after that period shall be subject to approval by the appropriate HFC instructor and associate dean. Credit will be awarded as specified under the "Program Specific Terms, Conditions, and Requirements" of this agreement. Students shall be responsible for initiating the process to receive articulated credit as specified by this agreement by submitting a completed "CTE Student Application for Articulated Credit" form.

Revisions and Renewals: This agreement shall be reviewed annually by both parties or at such time that substantive program changes occur within the HFC or secondary program. Revisions and renewals may be initiated by either party for review, negotiation, and approval. **Contact: Brandon**

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Nowak, Articulation Agreement Manager bnowak1@hfcc.edu

Secondary Articulation Agreement Program Specific Terms, Conditions, and Requirements

| Part C (To be completed by HFC Instructor and/or A | Associate Dean.) | | | | | | | |
|--|------------------|--|--|--|--|--|--|--|
| HFC Program Title: | CIP Code: | | | | | | | |
| (The space below is used by HFC instructors, Faculty Chair or Administrators to specify secondary articulation agreement terms, conditions, and requirements for the above program.) | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| Secondary Instructor or Administrator Name and Ti | itle: | | | | | | | |
| Printed Name | Printed Title | | | | | | | |
| Authorizing Signatures: | | | | | | | | |
| | | | | | | | | |
| Secondary Instructor or Administrator | Date | | | | | | | |
| HFC Instructor or Faculty Chair | Date | | | | | | | |

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Student Application for Articulated Credit

Instructions

Students who have completed or will complete an articulated secondary (high school) or CTE program and would like to apply for articulated credit:

- 1. **Students** Complete *Part A* on the *Student Application for Articulated Credit* form. (Admission to HFC is required to apply for articulated credit.)
- 2. **High school / CTE, instructor or administrator** Complete *Part B* on the *CTE Student Application for Articulated Credit* form, including the authorizing signature.
- 3. **High School / CTE, instructor or administration** should submit the completed application with supporting secondary institution course/program completion verification documents by email or mail to:

Email: academiceservices@hfcc.edu

Subject: Student Application for Articulated Credit

-Or-

Henry Ford College Academic Services / P-12 Relations 5101 Evergreen, Bldg. L-314 Dearborn, MI 48126-3460

- 4. Allow two (2) weeks for your application to be reviewed.
- 5. Once your application is reviewed a representative from HFC's Office of Academic Services / P-12 Relations will contact you.

Questions? All questions regarding completing the application for articulated credit, secondary articulation agreements, or articulated credit opportunities can be directed to the HFC Office of Academic Services / P-12 Relations at academicservices@hfcc.edu or 313-845-9785.

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| Stuaent App | olication | ı Jor A | Articul | ate | ea Cre | ean | | | | | |
|--|-----------------------------|------------------------|---------------------------|-------|-----------------|-------|-----------------|-------|---------|-------|--|
| Part A (To be com | pleted by St | udent.) | | | | | | | | | |
| | HFC Progra | ım Title: | | | | | | | | | |
| District /High Scho | ool / Career | Center: | | | | | | | | | |
| Secondary Course | e(s) Taken to | Qualify | for Articul | ated | d Credit: | | | | | | |
| Secor | ndary Progra | m Title: | | | | | | | | | |
| Date of High | | duation: th/Year) | | | | | | | | | |
| Student Name: | | | | | | | | | | | |
| | Last | | | | First | | | | Middle | | |
| Mailing Address: | | | | | | | | | | | |
| | Street | | | | City | | | S | State 8 | & Zip | |
| Primary Phone | | | | E | irth Dat | | | | | | |
| | Area Code | Number | • | | | | Month | D | ay | Year | |
| The signatory below standards, terms, and ards, terms, and agreement for the start as specified uppersons. | nd conditior secondary p | ns as stat rogram i | ed in the I ndicated a | lenr | y Ford C | olleg | e Secondary | Artic | ulatio | n | |
| Part B (To be signe | d by Second | lary Instr | uctor and | /or / | <u>Administ</u> | trato | <u>(.)</u> | | | | |
| Secondary Instruct | tor / Admini | strator N | lame and ⁻ | Γitle | : | | | | | | |
| Printed Name Printed Title | | | | | | | | | | | |
| Authorizing Signat | ure: | | | | | | | | | | |
| | | | | | | | | | | | |
| Secondary Instructor / Administrator | | | | | | Date | | | | | |
| If the articulated c Requirements for t escrow to the stud have been met. | the HFC pro | gram ind | icated abo | ve, | course c | redit | (s) will be tra | nsfer | red f | rom | |
| Return completed form to: Email: academicservices@hfcc.edu Subject: Student Application for Articulated Credit -Or- Henry Ford College | | | | | | | it | | | | |

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5101 Evergreen Rd., L-314

Academic Services / P-12 Relations



Dearborn, MI 48126-3460

Authorization to Grant Secondary Articulated Credit

(To be completed by HFC Instructors and/or Administrators only)

| Student Name: | | | | | | | | |
|---|-----|--------------|-------|------|--------|----------|--|--|
| | | Last | First | | Middle | | | |
| Hank I | D#: | | | | | | | |
| Program of Stu | dy: | | | | | | | |
| | | | | | | | | |
| The above-named student has met all terms, conditions, and requirements as indicated in the Henry Ford College Secondary Articulation Agreement for the program indicated above. Please transfer credit for the course(s) listed below to the student's transcript. | | | | | | | | |
| Course Code | (| Course Title | | | Cred | it Hours | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Authorizing Signature(s): | | | | | | | | |
| | | | | | | | | |
| HFC Program Instructor or Faculty Chair Date | | | | Date | | | | |
| | | | | | | | | |
| HFC Dean or Associate Dean | | | | Date | | | | |

Once completed, the authorizing instructor and/or associate dean should distribute as follows:

- 1) Original to the Registrar's Office
- 2) Copy to the Office of Academic Services / P-12 Relations
- 3) Copy to Student
- 4) Retain a copy in the AA Office

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