

Secondary School Initiated

REQUEST FOR ARTICULATION
WITH THE PALOMAR COMMUNITY COLLEGE
TECH PREP PROGRAM

Date Submitted: _____ 20 _____

School District: _____ School Site(s) _____

Contact Person-Name: _____ Position/Title _____

Address: _____

Phone: _____ Best Contact Time _____

E-Mail: _____ Fax: _____

Participating Teachers: _____ Telephone No.: _____ Contact Hours: _____

1. Course to be considered for Articulation:

High School Course Title	Number	Palomar College Course Title (see college catalog)	Number

2. Attach materials from high school/ROP course: (Note: Materials required to begin process.)

- Course outline
- List of Competencies and Objectives
- Sample of exams

3. Information about high school/ROP course:

- ◆ Length of course: Days per week _____ Hours per class _____ Weeks _____
- ◆ Name of Textbook(s): _____
- ◆ Equipment use: _____

4. Additional comments or information:

Return to: Rita Campo Griggs – Tech Prep Coordinator
Palomar College
1140 West Mission Road
San Marcos, CA 92069-1487