**ARTICULATION PLAN**

**PARTNER INSTITUTION**

**LOGO HERE**

Name of Partner Institution Community College Associate of **[Degree Type]** in **[Program Title]**

The University of Texas at El Paso Bachelor of **[Degree Type]** in **[Program Title]**

Effective Academic Year:

Date Revised:

**PURPOSE**

In accordance with the terms established in the Articulation Agreement between Name of Partner Institution and The University of Texas at El Paso (UTEP), the purpose of this articulation plan is to outline the specific articulation-related responsibilities and commitment of the academic units overseeing the established transfer pathway between these academic programs. To ensure quality and consistency across programs, this document should be generated jointly by program representatives of both institutions.

**RATIONALE**

*(Provide a joint brief rationale for the development of the academic pathway. The rationale may include, but is not limited to: the number of prospective students, evidence of student interest in such pathway, workforce needs, career opportunities, and skillsets to be developed.)*

**CONTACT INFORMATION**

Name of Partner Institution:

|  |  |
| --- | --- |
| NAME |  |
| TITLE |  |
| EMAIL |  |
| PHONE |  |

UTEP:

|  |  |
| --- | --- |
| NAME |  |
| TITLE |  |
| EMAIL |  |
| PHONE |  |

**PROGRAM/MAJOR GOALS**

*(List overall goals for each of the programs.)*

Name of Partner Institution:

UTEP:

**STUDENT LEARNING OUTCOMES**

*(List student learning outcomes for each of the programs.)*

Name of Partner Institution:

UTEP:

**PROGRESS EVALUATION**

*(Provide a joint plan to evaluate pathway progress, curriculum alignment, and student success efforts.)*

**UTEP PROGRAM REQUIREMENTS**

*(Provide the list of program requirements that all participants should know. The list may include, but not limited to admission requirements, minimum grade point average (GPA), major requirements, and residency requirements.)*

**COUNSELING/ADVISING**

*(Provide a list of the career and program advising services that each institution will provide to students.)*

Name of Partner Institution:

UTEP:

**COURSEWORK EQUIVALENCY**

|  |  |
| --- | --- |
| Name of Partner Institution | UTEP |
| Course Number | Title | Course Number | Title |
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**TRANSFER GUIDE**

*(Attach transfer guide.)*

**APPROVALS**

*(Must be reviewed and approved by department chairs/program coordinators, academic deans, Office of Curriculum and Instructional Development at* Name of Partner Institution*, and the Provost’s Office at UTEP.)*

|  |  |  |
| --- | --- | --- |
| Name of Partner Institution  |  | UTEP |
| Name | Name |
| Title | Title |
| Signature | Signature |
| Date | Date |
| Name | Name |
| Title | Title |
| Signature | Signature |
| Date | Date |
| Name | Name |
| Title | Title |
| Signature | Signature |
| Date | Date |