

Request for Local Articulation Course Review: Part I

Please send this completed form and all other requested documents to LSTechPrep@LoneStar.Edu

Name / Position: _____

ISD: _____

Email: _____

Phone: _____

High School Course Title: _____

PEIMS: _____

Teacher Name: _____

*If multiple course offerings, complete one (1) form for **each** instructor; however, only one copy of course documents is necessary.*

Teacher Email: _____

Phone: _____

Teacher Credentials:

Education (Required for SACS compliance):

Degree (BA, BS, Assoc.)	Major Study	Institution	Prof. License/Certificates

Use a separate sheet for additional space

Work Experience (Please list all related work experiences outside of the classroom:

Position Title				
Company Name				
Years/months employed				
Briefly describe duties				

Use a separate sheet for additional space

Request for Local Articulation: Part II

College Course seeking articulation toward: _____

Please review the [LSCS College Catalog](#) for course descriptions

1. Is this high school teacher also college adjunct faculty?

Yes, College _____

No

2. Is this course included in ATC/statewide articulation?

Yes

No

If yes, explain why a local articulation is needed?

3. Does your ISD have another local articulation with another college for this course?

Yes, College _____

No

****Please forward the following documents with this request form via email****

- Scope and Sequence and/or Syllabus
- Number of **hours** spent on **each** competency
- List of textbooks, equipment and other materials used
- Method of Assessment