

## ARTICULATION AGREEMENT PROCEDURES

Owens Community College recognizes that students enrolled in certain vocational programs may achieve competencies in these programs which are similar to courses offered at Owens. The intent of this articulation plan is to recognize student achievement in vocational programs by providing for waiver of credit. A maximum of sixteen semester hours of credit may be awarded via articulation. Student applicants must have earned a "B" or 3.0 average in their vocational program curriculum. Students with a lower average may be considered upon the recommendation of the vocational school, but may be required to take a proficiency exam.

Since the process may be initiated by or involve various school officials, procedures may be modified as long as appropriate data and signatures are provided. Also, in the absence of the academic or skill area teacher (during summer, etc.) another school official may affirm to the student's competencies if they have knowledge that this is the case.

1. The initiating person obtains an Application For Credit By Waiver form from their high school counselor, Owens Office of the Registrar, Enrollment Services Office or online at [https://www.owens.edu/records\\_reg/waiver\\_hs\\_articulation.pdf](https://www.owens.edu/records_reg/waiver_hs_articulation.pdf), has the student complete Part I, **STUDENT IDENTIFICATION**, and gives the form to the academic or skill area teacher who will complete Part III, **SECONDARY SCHOOL RECOMMENDATION**.
2. The Application is then given to the school counselor to complete Part II, **STUDENT DATA**. As per school procedures, the vocational director or his/her designate signs Part II.
3. The form is sent to **OFFICE OF THE REGISTRAR, OWENS COMMUNITY COLLEGE, P O BOX 10,000, OREGON RD, TOLEDO, OH 43699-1947**.
4. The Office of the Registrar forwards the evaluation form to the appropriate college representative responsible for the academic courses in question.
5. The college representative evaluates the request in terms of the vocational teacher's recommendations and remarks and completes Part IV, **OWENS COLLEGE RECOMMENDATION**. The student may be invited to visit with the college representative to arrive at a course waiver recommendation. The recommendation is recorded in the "Owens College's Recommended" portion of the form, signed by the college representative, and sent back to the Office of the Registrar.
6. The Registrar places the evaluation form in the student's permanent file in the Office of the Registrar and posts the waiver of credit on the student's transcript.

OWENS COMMUNITY COLLEGE

APPLICATION FOR WAIVER/HIGH SCHOOL ARTICULATION AGREEMENT

PLEASE PRINT

I. STUDENT IDENTIFICATION (Completed by Student)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High School attended: \_\_\_\_\_

Owens Community College Technology: \_\_\_\_\_

I am requesting evaluation of my high school course work for possible articulation credit at Owens Community College and give my permission to all appropriate parties to act on my behalf to that end.

Student Signature: \_\_\_\_\_

II. STUDENT DATA (Completed by School Counselor)

Date Of Graduation: \_\_\_\_\_ Program GPA: \_\_\_\_\_

Name Of Vocational Program: \_\_\_\_\_

Signature Of High School Administrator: \_\_\_\_\_

III. SECONDARY SCHOOL RECOMMENDATION (completed by skill area teacher)

Owens Course Title	Owens Course No.	Remarks of Skill Area Teacher Affirming Completion
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Skill Area Teacher Affirming Competencies: \_\_\_\_\_

IV. OWENS COMMUNITY COLLEGE RECOMMENDATION (completed by college rep)

Course Title	Course Number	Credit Hours	Remarks
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Owens Community College Chair \_\_\_\_\_

RECORDS OFFICE USE ONLY:	
ELIGIBLE: _____ YES _____ NO	Signature of Registrar: _____
DATE ENTERED SYSTEM: _____	INITIALS: _____