

MIDDLE GEORGIA STATE COLLEGE ARTICULATION AGREEMENT VERIFICATION

Official Use Only: Approved: Yes No Initial: _____

STUDENT NAME: _____ MSC ID: _____
Last First Middle

TRANSFER INSTITUTION NAME: _____

DEGREE COMPLETED TITLE: _____ DATE COMPLETED: _____

If you've **completed** a degree program at a school that Middle Georgia State College has agreed to an official articulation agreement prior to the date of the official agreement, you will need to complete this form to receive upper level IT credit.

Please list each IT/CIS/CIST/COMP course subject, number, course title, date the course was completed, First initial and Last name of instructor, and please check the appropriate box to indicate if the faculty member teaching any course designed for transfer to a baccalaureate degree had either a **doctorate or master's degree in the teaching discipline** OR master's degree with a concentration in the teaching discipline (a minimum of 18 graduate semester hours in the teaching discipline) at the time the course was taught.

Subject	Number	Hours	Title	Date Completed	Instructor Name	Doctorate
_____	_____					
_____	_____					
_____	_____					
_____	_____					<input type="checkbox"/>
_____	_____					
_____	_____					
_____	_____					
_____	_____					
_____	_____					
_____	_____					<input type="checkbox"/>
_____	_____					<input type="checkbox"/>

