

**YUBA COMMUNITY COLLEGE DISTRICT (YCCD)  
CAREER TECHNICAL EDUCATION ARTICULATION/CREDIT BY EXAMINATION AGREEMENT**

Yuba College, in collaboration with \_\_\_\_\_ High School/ROP, mutually subscribe to the following articulation/credit by examination agreement with the stipulation that: Credit be awarded upon completion of high school course based on criteria established by Yuba College faculty member as measuring competence in course objectives.

**HIGH SCHOOL/ ROP ARTICULATION SECTION**

High School/ROP Site \_\_\_\_\_

High School/ROP Instructor(s) \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

High School/ROP Course \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Request for:** (check one)  Renewal Agreement  New Agreement  Revised Agreement (based on updated curriculum)

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

Course outline  List of Competencies and Objectives  Sample course exams

**Information about high school/ROP course:**

➤ Length of course: Days per week \_\_\_\_ Hours per course \_\_\_\_ Weeks \_\_\_\_

➤ Name of Textbook/Software: \_\_\_\_\_

➤ Other Materials: \_\_\_\_\_

Requested by:

\_\_\_\_\_  
High School Instructor (Print & Sign)                      Date                      High School Dept Chair/Coordinator (Print & Sign)                      Date

\_\_\_\_\_  
High School Principal (Print & Sign)                      Date                      ROP Director (If Applicable) (Print & Sign)                      Date

**YUBA COLLEGE ARTICULATION SECTION**

YCCD Instructor(s) \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

YCCD Course \_\_\_\_\_ E-Mail \_\_\_\_\_

(Number and Title)

Unit(s) \_\_\_\_\_

Approved  Pending Modification  Not approved for articulation (Please comment below)

**Credit by Examination Criteria:**

(If Approved)

Additional Comments: \_\_\_\_\_

[ ] I have contacted the appropriate full-time faculty in the discipline and the Instructional Deans at the Clear Lake Campus, Yuba College, and Woodland Community College to inform them of the Career Technical Education Articulation/Credit by Examination Agreement.

Approved by:

\_\_\_\_\_  
College Instructor                      Date                      Campus Dean/Department Dean                      Date

\_\_\_\_\_  
V.P. Academic and Student Services/                      Date  
Articulation Officer