

PALM BEACH STATE COLLEGE

PROPOSED ARTICULATION/MEMORANDUM OF UNDERSTANDING INFORMATION SHEET

Instructions: Please provide brief justification and supporting information for the proposed Articulation/MOU agreement. Submit the form to Academic Services prior to formal discussions.

1: PBSC Program Information

Program Contact: _____ Title: _____

Email: _____ Telephone: _____

Is this a new agreement or revision of existing agreement? New Agreement Revision

PBSC degree: AS AA BAS BS Other _____ Concentration: _____

2: Articulating Institution Information

Institution: _____

Accreditation Status: _____ Accrediting Body: _____

Contact Name: _____ Telephone: _____

Title: _____ Email: _____

Type of Agreement proposed: Articulation Agreement MOU

Degree offered by participating program: _____ Concentration: _____

3. Establish Need

- A. Current PBSC Program enrollment _____ students
- B. Average Number of PBSC Program Graduates (past 5 years) _____ per year
- C. Anticipated number of articulating graduates _____ per year
- D. Average/number of PBSC program graduates who attended proposed institution (past 5 years) _____ per year
- E. Please provide a brief description of the proposed agreement, the need for the agreement and any PBSC

resources required in the space below:

PBSC Resources Required:

- Admissions office support
- Advising Office support
- Alumni Office Support
- CRM Support
- IRE Support
- Other _____

4. Identify Benefits

A. Is the institution a viable option for PBSC graduates for the following? *check all that apply*

- | | | |
|---|--|--|
| <input type="checkbox"/> tuition/cost | <input type="checkbox"/> financial aid opportunities | <input type="checkbox"/> preservation of credits |
| <input type="checkbox"/> preferential admission | <input type="checkbox"/> fee waiver | <input type="checkbox"/> scholarship eligibility |
| <input type="checkbox"/> residency requirement | <input type="checkbox"/> delivery options | <input type="checkbox"/> geographic location |
| <input type="checkbox"/> other(s) _____ | | |

B. Please provide brief description of benefits to students for the proposed agreement:

C. Please provide brief description of benefits to PBSC for the proposed agreement:

5. PBSC Program Review & Support

Title	Name	Signature	Date
Cluster Representative			
Program Director/Chair			
Associate Dean			
Dean			

Submit completed form to Julie Sivigny (sivignyj@palmbeachstate.edu) or Campus Mail MS#51.

6. Academic Affairs Review

Academic Services will notify the submitting program contact of decision for PBSC to pursue the proposed agreement upon review of all existing agreements and alignment with PBSC mission, goals and strategic plans.

Academic Services use only Date Proposal Received _____

Existing Agreement: No Yes Comment: _____

Academic Affairs Approval: Date transmitted to VPAA _____

Approved to proceed No Yes Comment _____

Notes: _____
