

**Request for Articulation  
With San Joaquin Delta Community College District**

School District \_\_\_\_\_ Date Submitted \_\_\_\_\_

School Site(s) List all campuses if this is a district wide agreement utilizing district wide curriculum.  
Complete Addendum "A" below only if this is a district wide agreement or there are multiple instructors teaching the course.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_

**SJDC Course No. and Title**

**Secondary Course No. and Title** (or related courses) exactly as it will appear on the student transcript

Name of Secondary teacher proposing articulation:

Name                      Telephone #                      Email                      Contact Hours

\_\_\_\_\_

District Articulation Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Contact Time \_\_\_\_\_

**To be completed by SJDC**

SJDC course number and title \_\_\_\_\_

Division Discipline Chair \_\_\_\_\_

Division Chair \_\_\_\_\_

Date review initiated \_\_\_\_\_

(Review to be completed within 30 days)

Submit to:

Jack Saunders  
Articulation Officer  
San Joaquin Delta College  
5151 Pacific Avenue, Stockton, CA 95207

**Request for Articulation**  
**With San Joaquin Delta Community College District**  
**Addendum "A"**

Please complete the requested information below and provide signatures for each campus instructor. High School articulation agreements are a collaborative project between high school and college discipline faculty. This agreement is designed to allow students to receive credit for coursework and outcomes completed in high school without having to repeat essentially the same curriculum at the next level. District wide agreements require active participation of all instructors teaching the course referenced in the agreement. In agreeing to be an active participant the instructor agrees to teach the agreed upon curriculum and notify the college of any curricular or textbook changes. The active participant also agrees to attend any discipline meetings requested by the college discipline faculty. Credit will only be awarded to students who have successfully completed the curriculum taught at the campuses indicated below. My signature below signifies that I have read and concur with the agreement outlined above.

**Campus:** \_\_\_\_\_ Instructor: (Print) \_\_\_\_\_

Instructor Phone #: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

**Campus:** \_\_\_\_\_ Instructor: (Print) \_\_\_\_\_

Instructor Phone #: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

**Campus:** \_\_\_\_\_ Instructor: (Print) \_\_\_\_\_

Instructor Phone #: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

**Campus:** \_\_\_\_\_ Instructor: (Print) \_\_\_\_\_

Instructor Phone #: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

**Campus:** \_\_\_\_\_ Instructor: (Print) \_\_\_\_\_

Instructor Phone #: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

**Note: Use this form only if this is a district wide agreement using district wide curriculum or if there are multiple instructors teaching the course on a single campus.**

The District Articulation Contact Person agrees to notify the college of any changes in instructor personnel.