# Articulation Agreement Checklist

Program Name: _____

Community College: _____

☐ Articulation Agreement **New** *- or-* ☐ Articulation Agreement **Renewal**

If Renewal, Expiration Date of Previous Agreement: _____

| Date Completed | Articulation Agreement Process |
|---|---|
| | **Contact the Transfer Team** at transferteam@udmercy.edu to determine if a Transfer Guide for the program exists and/or needs to be updated. Transfer Team may be able to provide additional assistance on this process. |
| | Program Rep uses the current **Articulation Agreement Template** to draft the document. |
| | Articulation Agreement draft is forwarded to the Transfer Team for editing. The Program Rep is contacted regarding any edits, suggestions, or need for additional info. |
| | Program Rep emails Articulation Agreement draft to Community College Contact for review/informal approval. Revise if necessary and show Transfer Team the new version. |
| | Final Articulation Agreement is emailed to transferteam@udmercy.edu for REG approval. Transfer Team initials _____/Date _____ Registrar initials _____/Date _____ |
| | The Articulation Agreement is emailed by the Transfer Team to the Program Rep for themw 1 0 0 M 3 6 A 9 u 4 4 0 T 9 Tm( )TJ ET Q[(t)6(o)0 5( )0 3(t)6(he)0 5( )0 6(Tr)4 9(ans)8 9(f)3 5(er)5( )0 5(T)9 6(ea)0 5(m)4 9( )0 5(f)3 4(o)2 |