

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	Master's degree in IT/MIS/IS/CS
_____	_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____	_____		
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_____	_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____	_____		

Total # Hours Instructor YES: _____

By signing and submitting this verification form, I certify that information submitted on this and any attached forms is true and correct. I understand that additional information may be required. I understand that completion of this form does not constitute a guarantee that all courses will be accepted at Middle Georgia State College.

Chair/Dean Name Printed

Signature-Chair/Dean (Transfer Institution)

Student Signature

Date