



Course Articulation Agreement Form

High School: _____

Address: _____

CCP Contact: _____

Phone #: _____ E-mail: _____

MxCC Course Title: _____

High School Course Title: _____

Instructor(s): _____

Phone #: _____ E-mail: _____

Phone#: _____ E-mail: _____

Please attach a copy of the High School course syllabus/outline.

Rationale for articulation:

Principal's Signature

Date

High School Instructor

Date

MxCC Program Coordinator

Date

College Career Pathways
Middlesex Community College
Linda Ansarra – Admin. Asst.
to Dean of Academic Affairs
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Phone: (860) 343-5866