



## ARTICULATION AGREEMENT PETITION *For Early Admission*

**POLICY:** An internal articulation agreement allows a qualified student to begin study at a level above the enrolled degree program such as taking courses toward a master’s degree while completing an undergraduate degree. Articulation Agreement requests are evaluated by the academic department and admission department. See the The Chicago School Student Handbook for more information.

**STUDENT INSTRUCTIONS:**

1. Connect with your Student Support Counselor to discuss eligibility and application timeline.
2. Complete this form and submit it to your Student Support Counselor prior to the term/semester in which you would like to take courses under an Articulation Agreement. Note: early submission is recommended to ensure course availability.

**STUDENT SUPPORT SERVICES:**

**EMAIL:** studentsupport@thechicagoschool.edu | **PHONE:** 800.595.6938 (Opt. 1) | **FAX:** 312.254.1442

**NOTE:** Any adjustments made to the student’s account balance or financial aid eligibility as the result of a schedule change is the responsibility of the student. A student receiving financial aid should be aware of the impact programmatic changes could have on enrollment status, graduation date, and financial aid eligibility. See the Student Handbook for details.

**Student Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**School Email:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Desired Campus:** \_\_\_\_\_ **Degree Level:**  Master  Ed.S.  Doctorate

**Desired Program:** \_\_\_\_\_ **Expected Term/Semester of Registration:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**UNDERGRADUATE COURSES:**

Undergraduate Course(s) being replaced	Graduate Course(s)	Requested Term/Semester



**GRADUATE COURSES:**

Master Course(s) being replaced	Doctoral Course(s)	Requested Term/Semester

Approved  Denied | **FACULTY ADVISOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

If denied, please provide rationale: \_\_\_\_\_

The Department Chair or designee has reviewed the student's qualifications pertaining to the Articulation Agreement for the desired program listed above based on the criteria stated in the published Articulation Agreement in the Academic Catalog.

Approved  Denied | **HOME DEPARTMENT CHAIR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

If denied, please provide rationale: \_\_\_\_\_

Approved  Denied | **HOST DEPARTMENT CHAIR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

If denied, please provide rationale: \_\_\_\_\_

**Student Support Counselor:**

Please forward this Articulation Agreement Petition to Admissions after academic department approvals.

FOR OFFICE USE ONLY			
Date Recv'd/DOD:	Date Processed:	Articulation Agreement #	Tuition Adjustment Needed <input type="checkbox"/> Yes <input type="checkbox"/> No
Registrar Processed: (Initial & Date):		FA Adjustment Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Aid Processed: (Initial & Date)
PP AR BA or MA Articulation Agreement to FA/SA added in CVue <input type="checkbox"/> Yes <input type="checkbox"/> No		Student Account Processed: (Initial & Date)	