

ARTICULATION PETITION

POLICY: The Chicago School of Professional Psychology (TCSPP) has developed a unique pathway for B.A. students wishing to enter a graduate level program at TCSPP. These internal articulation agreements allow qualified students to begin their graduate education while completing their bachelor's degree, providing a shorter degree pathway. A student who wishes to be admitted to a graduate program from the TCSPP Bachelor's program must meet the requirements detailed in the articulation agreements. Details regarding the graduate programs available under this articulation agreement and their admissions criteria can found [here](#). Requests for acceptance into the graduate degree program are evaluated by the academic department and admissions department. See the TCSPP Student Handbook for more information.

STUDENT INSTRUCTIONS:

1. Notify your **Department Chair** that you are interested in an Articulation Agreement.
2. Connect with your Student Support Counselor in order to discuss qualifications and application time line.
3. Complete this form in its entirety, and submit prior to the next enrollment cycle to your Student Support Counselor. This form will not be processed without all required signatures, and/or if submitted after the deadline.

STUDENT SUPPORT SERVICES:

CHICAGO/TCSPP@XULA
800.595.6938 (phone)
312.488.6301 (fax)
Chistudentsupport@thechicagoschool.edu

ONLINE
800.595.6938 (phone)
312.254.1442 (fax)
Onlinestudentsupport@thechicagoschool.edu

DALLAS
800.595.6938 (phone)
214.575.9090 (fax)
dalstudentsupport@thechicagoschool.edu

SOUTHERN CALIFORNIA
800.595.6938 (phone)
213.615.7286 (fax)
Castudentsupport@thechicagoschool.edu

WASHINGTON, D.C.
800.595.6938 (phone)
202.706.5199 (fax)
Dcstudentsupport@thechicagoschool.edu

NOTE: Any adjustments made to the student's account balance or financial aid eligibility as a 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#: _____

TCSPP Email: _____ Phone #: _____ Date of Request: _____

Desired Campus _____ Degree Level: MA Ed.S

Desired Program: _____

Expected Term/Semester of Change: _____

Student Signature _____ Date: _____

The B.A. Department Designee has reviewed the student's qualifications pertaining to the B.A. program for the desired program listed above based on the criteria listed in the published Articulation Agreement in the Academic Catalog.

Approve Deny

If denied, rationale: _____

Home Department Chair Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Recd 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)		Student Account Processed: (Initial & Date)	