



ARTICULATION / TRANSITION AGREEMENT FORM

I, _____ WS ID _____
plan to articulate in _____, as documented in the
20____ ARTICULATION/TRANSITION AGREEMENT between Walters State Community College and
_____.

My major at Walters State Community College is _____.

I understand that I am bound by the GRADUATION and DEGREE REQUIREMENTS as stated in the Walter State Community College catalog.

Phone: _____

Email address: _____

Student Signature/Date

Advisor Signature/Date

Student Success Center/Date

FOR OFFICE USE ONLY

Date processed in BANNER

Yes. Articulation completed.

____ Date completed.

Processed by

No. Articulation NOT completed.

Date forwarded to Records

____ Date of graduation

____ Initials