ARTICULATION / TRANSITION AGREEMENT FORM

The signing of this ARTICULATION/TRANSITION AGREEMENT form indicates your intention of participating in the agreement between:

Walters State Community College and _____

Articulation Name _____

Degree Program at Walters State _____ Catalog Yr. _____

Academic Advising Note

Academic advising plays an important role in a student's success. Advisors at Walters State are available to assist you in tailoring your program of study to meet your educational goals.

***If you change your major, remember to notify your academic advisor(s). _____ (Student's Initials)**

I understand that I am bound by the GRADUATION and DEGREE REQUIREMENTS as stated in the Walters State Catalog in addition to this ARTICULATION AGREEMENT.

Print-Student's Full Name _____

WS ID W00 _____

Phone _____

WS Email address _____@senators.ws.edu

Personal Email address _____

_____
Student Signature Date

_____
*Advisor Signature Date

Office Use	Date	Posted for Records
Graduation Target Date		
Articulation Completed		
Articulation Voided		

Advisor – Issue to the student:

_____A copy of this agreement with an attached copy of the degree requirements