UNIVERSITY OF ILLINOIS AT SPRINGFIELD

Office of Records and Registration

Course Articulation Request

Course articulation is the process by which one institution matches its courses or requirements to course work completed at another institution. Students who complete courses at other institutions can (in many cases) transfer those courses to UIS for use in completing UIS degrees. This form is to be used to formally articulate or change the current articulation for a transfer course. Follow the instructions below and click the "Submit by Email" button above.

- To articulate a course that has not yet been articulated, please complete sections **I, III** and **V** below.
- To change the articulation for a course that has already been articulated, please complete sections **I, II, III**, and **V** below.
- Please use section **IV** to enter any applicable comments.

I. Transfer Course Information:

Transfer Institution _____

Course Prefix (e.g., PSY) _____   Course Number   Credit Hours _____

Title _____

II. The course listed above is currently articulated as (select one):

Please use this section only for course articulation information that is currently listed in the degree audit system.

◯ Direct equivalent   Course Prefix (e.g., PSY) _____   Course Number   Credit Hours _____

◯ Departmental/program elective: Departmental/Program Name: _____

◯ This course should receive general education credit in the area of: General Education Category _____

◯ This course should not receive general education credit.

◯ This course should be a general (non-departmental/program) elective.

III. Request to have the course articulated as (select one):

Please use this section only for course articulation information that is **not** currently listed in the degree audit system. * All requests for general education credit must be reviewed and approved by the Provost or designee. Please allow time for this review.

◯ This course should be a direct equivalent to: Course Prefix (e.g., PSY) _____   Course Number

◯ This course should be a departmental/program elective: Departmental/Program Name: _____

  ◯ This course should receive general education credit in the area of: General Education Category _____

  ◯ This course should not receive general education credit.

◯ This course should be a general (non-departmental/program) elective.

IV. Comments:

_____

V. Approval (Please type full name [first, last] of person approving form):

Department Chair or Dean Approval _____   Date _____

*Provost Approval _____   Date _____

Original: Office of Records and Registration
Notification: Once processed, an email notification will be sent to the applicable approvers

For Office Use Only
Processed By:
Date:

Records (217) 206-6709   **Registration (217) 206-6174**   **Degree Audits (217) 206-8216**   **Graduation (217) 206-7730**

9-3-14