**Articulation Request Form**

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **University** | **University Major** | **University Course** | **LMC Course** | **Comments** |
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**Name of Faculty/Counselor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Number/Information** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit this form to Eileen Valenzuela, LMC Articulation Officer, SS4-449.**

**For Office of Instruction Use**

**Date Received from Counselor ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Sent for Articulation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Outcome/Decision by University:**