

# Ozarks Technical Community College

## Articulation Proposal Information Sheet

*\*\*Please submit this form, with syllabus and competencies, including grade rationale/breakdown for each course articulation sought.\*\*\**

*Please note that if any portions are left blank we will return it to you to be completed.*

### Course Information

High School/Career & Technical School Name:
High School Course Name:
OTC Course Code and Name:
High School Instructor:
Textbook Title and Edition (if applying for CIS or BUS, you <b><u>must</u></b> include a photocopy of the table of contents):
Textbook Author:
Textbook ISBN number:
Software used (if applicable):
Total hours of instruction:

### Instructor Qualifications

Education/Certification:
Experience/Background:
Instructor contact information (PLEASE include phone and email address):

Please return this form to:  
OTC Technical Education – ICE 116K  
1001 E Chestnut Expressway  
Springfield, MO 65802

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Program Coordinator  
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