NAME OF PARTNER INSTITUTION UNIVERSITY OF CENTRAL FLORIDA TITLE OF A.A./A.S DEGREE

AND

TITLE OF B.S./B.A. DEGREE AT UCF ARTICULATION AGREEMENT

Title of Ag	<mark>greement:</mark>
Type of Ag	<mark>greement:</mark>
College:	
Major:	
Degree:	
Options/T	racks:
Limited A	ccess: YES/NO
INTRODU	UCTION
This Articu	ulation Agreement (the "Agreement") is made and entered into as of the date last
	ow by and between the State College (partner institution acronym,
e.g. SSC fo	or Seminole State College) and University of Central Florida (UCF) (referred to
collectively	y as the "Parties") to facilitate the transfer of qualified A.A./A.S. students from
	(partner institution acronym) into the (name of program) B.S./B.A.
program(s)	offered by the UCF's(name of college).
WHEREA	AS, one of the goals of UCF is to offer the best undergraduate education available in
	ovided that there is student need, faculty expertise, and sufficient resources;
acronym) a program at	AS, this agreement establishes a 2+2 program between (partner institution and UCF for students wishing to pursue a B.S. /B.A. degree in name of degree UCF having successfully completed their A.A./A.S. name of degree at name of titution; and
WHEREA	AS, the parties desire to encourage and facilitate the establishment of specific
	provisions between (partner institution acronym) and UCF.
THEREFO to the follo	ORE , to implement and accomplish the above stated commitments, the Parties agree
I. Pro	ogram Expectations and Admission Requirements
a.	To participate in this Agreement, a student at State College must:
	1. Officially select(name of the agreement) and the A.A./A.S. in
	program at (partner institution acronym);
	2. Seek advisement from a qualified advisor for A.A/A.S. in (name of
	program) at(partner institution acronym) and follow the advisin
	map/plan of study (see Appendix A);

		partner institution acronym); with at least GPA and must have completed all				
		required course work (enter list of required coursework); and				
		4. Complete(name of standardized exam, e.g., General Knowledge Test for				
		Education students) by and attain a minimum score of (if applicable:				
		not all majors require such tests)				
	b.	(partner institution acronym) students should apply to the specific UCF program				
		covered by this Agreement by the UCF's published application deadlines. The				
		(partner institution acronym) will be eligible for admission during the last semester				
	they are completing their A.A./A.S. requirements. The admission will be provisi-					
		until proof of degree and GPA is received by UCF.				
	c.	1				
		Admission to UCF				
		Students who have followed the program of study and completed their Associate in				
		Science degree at(Name of Partner Institution) as described herein				
		and maintain a 2.0 GPA (not counting grade forgiveness) in transfer work will be				
		accepted into the UCF(Name of UCF College).				
		E-mi- I - man A definite Deminary				
Students who have not completed two years of sequential foreign language stu American Sign Language in high school must complete a minimum of eight se						
		hours of college level foreign language or demonstrate proficiency at VC. Students				
		admitted to UCF without completing this requirement must satisfy it prior to				
		graduation from the university. High school transcripts must be submitted to verify				
		that the foreign language admission requirement is met.				
		Immunization				
		Students who matriculate at a Florida State University are required to provide proof				
		of immunization against Measles (Rubeola) and Rubella (German measles) prior to				
		enrollment.				
II.	Re	esponsibilities of the Parties				
	a.	The (Name of Partner Institution) agrees to the following responsibilities and				
		obligations <mark>:</mark>				
	b.	The University of Central Florida agrees to the following responsibilities and				
		obligations <mark>:</mark>				
	c.	Resources for implementation of the Agreement may come from either party,				
		depending upon budgetary availability. No party hereto is obligated hereby to expend				
		any resources whatsoever in connection with this Agreement. No implementation of				
		any portion of the Agreement, or commencement of any specific projects, may be				
		initiated prior to the written assurance of such budgetary availability to the other party				
		hereto. To the extent any external funding is required by the university in order to				
		implement this Agreement and funding for such purposes is not appropriated to the				
		university by the Legislature of the State of Florida or is not otherwise available to				

3. Graduate with an A.A./A.S degree in ______(name of program) from _____(

the university	, the university shall thenceforth have no further financial obligations					
hereunder. In	the event the university does not have sufficient legislative					
appropriations to carry out any obligations under this Agreement, it shall immediately						
notify	(Name of Partner Institution) of such fact and of such					
portions of this Agreement that may be deemed terminated as a result of such failure						
of appropriati	ons.					

III. Modifications, Additions, or Deletion

Any amendments to this Agreement shall not be valid unless made in writing and signed by both Parties.

This agreement is subject to change by legislative action, the Department of Education, the Florida Board of Education, the University of Central Florida or its Board of Trustees,

(Name of Partner Institution) or its Board of Trustees, or external accrediting agencies. This agreement will be reviewed by both Parties on a yearly basis to ensure the timeliness of this document.

IV. Notifications

Notices with respect to the rights and obligations of each party hereto shall be provided as follows:

Contacts - University of Central Florida:

Dr. A. Dale Whitaker, Provost and Executive Vice President, (407) 823-2303

Dr. Elizabeth A. Dooley, Vice Provost and Dean, Teaching & Learning and College of Undergraduate Studies, (407)823-2373

Name of Dean, College, and Phone Number

Name of Associate Dean, College, and Phone Number

Contacts – Name of Partner Institution

Name of Provost (or equivalent), Phone Number

Name of Name of Dean, College, Phone Number

V. Agreement Terms

This Agreement shall take effect on ______, and shall terminate on ______. It may be automatically renewed for additional one (1) year periods unless either party provides the other notice no later than sixty (60) days prior to the expiration of the preceding term that it wishes to terminate this Agreement. If either party fails to follow the terms and conditions of the Agreement as set forth herein, the other party has the right to terminate this Agreement immediately upon written notice to the other. Upon expiration or termination of this Agreement for any reason, _____ (partner institution acronym) students previously accepted by or admitted under this Agreement to UCF shall continue to receive the benefits contemplated by this Agreement.

IN WITNESS THEREOF, the Parties have executed or approved this agreement on the date entered below.

APPROVALS

UNIVERSITY OF CENTRAL FLORIDA (NAME OF) STATE COLLEGE

Dr. John C. Hitt Date Name of President Date

President President

Appendix A: Advising Map/Plan of Study

Name of a Florida State College	Cr. Hrs.	UCF Equivalents	Cr. Hrs.
Year One 1st Semester			
Total			
Year One 2 nd Semester			
Total			
Year Two 1 st Semester			
Total			
Year Two 2 nd Semester			
Total			
UNIVERSITY	OF CENTRA	AL FLORIDA	
Year Three 1st Semester		Year Three 2 nd Semester	
Total		Total	
Year Four 1 st Semester		Year Four 2 nd Semester	
			1
Total		Total	
Total		Total	