Based upon the mutual concern for the continued growth of students pursuing one of the various programs, and in an effort to provide a continuing articulated program that builds on past learning experience and eliminates unnecessary duplication of instruction, we mutually subscribe to the following:

1. Beginning with graduation class of 2011, students who have completed the high school articulated courses(s) listed on the chart below with a grade of an (A), (B), or (C) will be granted college credit for the McHenry County College course listed at the top of this agreement.

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>DISTRICT COURSE TITLE</th>
<th>CEE IDENTIFICATION</th>
<th>CEE COURSE TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvard #50</td>
<td>Horticulture Landscape Development</td>
<td>01H108</td>
<td>Horticulture Production</td>
</tr>
<tr>
<td></td>
<td></td>
<td>01H113</td>
<td>Landscape Production</td>
</tr>
<tr>
<td>Marengo #154</td>
<td>Intro to the Agricultural Industry Horticultural Production in Floral Design</td>
<td>01A305</td>
<td>Intro to the Agricultural Industry Horticultural Production in Floral Design</td>
</tr>
</tbody>
</table>

Approved Programs: Associate in Applied Science Degree in Horticulture (OCC 180)

2. The college credit awarded under the provisions of this agreement will not be held in escrow.
3. The student must be enrolled at MCC on the 10th day of the semester, within 27 months following high school graduation.
4. The student is responsible for contacting the Credentials Evaluation office to earn articulated credit.
5. The college course covered by this articulated agreement is designed to lead to the AAS degree or certification of proficiency in this program.
6. This agreement is subject to review and renewal on a bi-annual basis or as needed.

PROGRAM SPECIFIC REQUIREMENT:
The student should be classified as a Program Completer in any of the secondary CIP Code programs listed or has taken the secondary courses during their 12th grade year in high school.

As the instructor, I am recommending that this student receive college credit per this agreement.

Student’s Name  (Please Print)  (___) Home Telephone Number

Address

City  State  Zip

Graduation Year  Birthdate / / 

Instructor’s Signature/MCC Advisor  Date

Rev. 10/2020

DIRECTIONS: Make 2 Copies. Check Box for Appropriate Individual. Distribute to Appropriate Individual.

[ ] Student Copy  [ ] High School Copy

Mail original to: Credentials Evaluation Office (A258H)
McHenry County College
8900 US Highway 14
Crystal Lake, IL 60012