MCHENRY COUNTY COLLEGE AND MCHENRY COUNTY COOPERATIVE FOR EMPLOYMENT EDUCATION

COURSE ARTICULATION AGREEMENT FOR

PRINCIPLES OF MARKETING (MKT 110) – 3 CREDIT HOURS

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>Woodstock #200</td>
<td>Marketing (Semester)</td>
<td>08M112</td>
<td>Product Marketing (Year)</td>
</tr>
</tbody>
</table>

Approved Programs: Marketing-Certificate (OCC 131), Marketing Management Certificate (OCC 135), Professional Selling Certificate (OCC 137)

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 REQUIREMENTS:

-None-

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