



## Articulation/Cooperative Academic Agreement Information Form

Date: \_\_\_\_\_

Type of agreement: \_\_\_\_\_

If other, mention the type: \_\_\_\_\_

### TWU sponsor information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

College: \_\_\_\_\_

Phone number: \_\_\_\_\_ TWU email: \_\_\_\_\_

In a few sentences, explain the purpose of the partnership

### Required Signatures

TWU Sponsor \_\_\_\_\_ Department Chair or designee \_\_\_\_\_

Dean or designee \_\_\_\_\_

### Approval by the Office of Curriculum and Strategic Initiatives

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_  
Vice Provost, Curriculum and Strategic Initiatives