



Articulation Agreement Enrollment Form

Agreement Enrollment

Student Information

Student Name: _____

Last First Middle Social Security Number (reqd. for Govt. Benefits)

Address: _____

Number Street City State Zip Code

Telephone Number: _____

(Area Code) Home Number (Area Code) Work Number E-mail address

Associate Degree Program _____ Catalog Year _____

Articulation Institution

Attending: _____

Name City State

Enrolled From: _____ To: _____

Month/Day/Year Month/Day/Year

Transfer Information

ERAU Degree Program: _____ Desired Start Date: _____

Semester/Term/Year

Student Signature: _____ Date: _____

Month/Day/Year

ERAU Representative: _____ Date: _____

Students are subject to the agreement in effect on the date their Articulation Enrollment Form is completed and signed by an appropriate ERAU representative. To be eligible, a copy of the student's Articulation Enrollment Form and an official transcript **MUST** be submitted with the ERAU application for admission. Center Directors should work with their partner institution to encourage students to complete the Articulation Enrollment Form as early as possible in order to designate their catalog and ensure transferability of their coursework. Students who wait to complete their Articulation Enrollment Form until admission to ERAU will not be eligible for an articulation agreement prior to that date, regardless of their enrollment dates at the partner institution.