State of New Mexico: Mathematics Articulation Matrix
New Course/Course Change Information Form

Sending Institution:_____

_____ Course addition _____ Course revision _____ Title change _____ Other Effective Date_____

Course Number: _____ Title: _____ Credits: ____

Description:

Prerequisites:

This course replaces _____

Comments:

Signatures:

_____ _____
Department Head Date

_____ _____
Articulation Task Force Member Date

Receiving Institution:_____

The above course will transfer to this institution as

(Course Number, Title)_____

Signatures:

_____ _____
Department Head Date

_____ _____
Articulation Task Force Member Date