



# Benjamin Franklin Institute of Technology Articulation Agreement Request Form

Please submit completed form(s) and supplemental materials to:

Ackee Hill  
Assistant Director of Admissions  
Benjamin Franklin Institute of Technology  
41 Berkeley Street  
Boston, MA 02116  
Tel.: (617) 588-1375  
Email: ahill@bfit.edu

*Electronic Submissions Preferred;  
Please submit one Articulation Agreement Request  
per course/program to be considered.*

I am requesting an articulation agreement of the following high school career/vocational program with Benjamin Franklin Institute of Technology:

\_\_\_\_\_  
Career/Vocational Training Shop

\_\_\_\_\_  
Career/Vocational Training Instructor(s)

\_\_\_\_\_  
Email Address(es)

\_\_\_\_\_  
Phone Number(s)



**Please check if interested in scheduling a visit from a BFIT faculty member and admissions counselor for a presentation specific to the above program of study**

\_\_\_\_\_  
High School

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Web Site

\_\_\_\_\_  
Name of High School Contact

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

Please submit as much of the following as possible for articulation agreement consideration:

- Course/Program Title and Description
- Length (number of semesters or hours)
- Course Syllabus
- Course Competencies
- Assessment/Grading Methodology
- Final Exam (if available)

*Please note, above contact person will be notified when an agreement is approved; new agreements are mailed in the spring of each academic year*

FOR BFIT OFFICE USE

DATE RECEIVED: \_\_\_\_\_ TRANSFER OUTREACH COORDINATOR: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_ DEPARTMENT CHAIR: \_\_\_\_\_

COURSE(S) FOR ADVANCED CREDIT: \_\_\_\_\_

\_\_\_\_\_