

# Brandon University


## ARTICULATION AGREEMENT PROPOSAL

**Articulation agreements** are formal signed bilateral agreements between two institutions that spell out the terms and conditions for recognizing the prior learning of a student at one institution (the “partner” or “sending” institution) within the context of a specific program and credential offered by the second institution (the “receiving” institution, in this case Brandon University). Typically, the student earns a credential at the partner institution and is granted guaranteed block transfer credit within a program at BU, usually shortening the path to the credential that is ultimately sought. Often, the first credential is a one-year or two-year certificate or diploma earned at a college with the second credential being a three-year or four-year degree earned at BU.

**NOTE:** Please prepare two (2) copies of this proposal for signature and delivery to the Vice-President (Academic & Provost).

### PROPOSED BY

*This form should be completed by the BU Program Contact Person (the person with oversight for the proposal—identified in “1” below) and submitted to the relevant Faculty Council for approval. The proposal should be approved by the relevant Faculty Council and then forwarded to the Vice-President (Academic & Provost) for processing.*

1. BU Contact Person:	 <small>Signature</small>	Dr. D. Noreen Ek <small>PRINT NAME</small>	11/01/2012 <small>Date (mm/dd/yyyy)</small>
	Acting Dean <small>Position</small>	ek@brandonu.ca <small>Email</small>	204-727-7456 <small>Phone</small>

### PROPOSAL

2. **Proposing Faculty:** Faculty of Health Studies
3. **Department:** Nursing
4. **BU program to which advanced entry is sought** (*Provide approved program name, credential and credential abbreviation*):  
Bachelor of Nursing
5. **Name and address of partner institution:**  
Assiniboine Community College
6. **Name and designation of the Contact person from the partner institution proposing or supporting the Articulation Agreement**  
(*Include full contact information including phone & email*):  
**Dr. Jack Moes, Vice President Academic ACC**  
MoesJ@Assiniboine.net  
204-725-8700 ext 7028
7. **Name and designation of person to sign the Articulation Agreement for the partner institution** (*Include full contact information including phone & email*): Same as #6
8. **Numbers of students to be admitted at each intake:** Expected No. [ 6 ]; Maximum No. [ 6 ].
9. **Start date, number of years for which the agreement is proposed to run:** Start date [ 12 / / 2012 ]; Period of agreement [ five ] years.
10. **Detail any costs accrued to BU arising from this proposal:**  
*A letter from the Budget Dean detailing how any costs arising will be met must accompany the completed proposal. N/A*
11. **Benefits anticipated from this agreement to the partners and students:**  
Enhanced access to University education and career advancement for Licensed Practical Nurses.  
Improved communications between ACC and BU.
12. **Have any challenges or barriers to this agreement been identified? If so, how will they be ameliorated:** None
13. **Partner program from which advanced entry is sought:**  
Practical Nursing Programs (15 month and 20 month programs)
14. **Is transfer limited to graduates of the above program?** [ X ] YES [ ] NO.  
*Provide details of the requirements for advanced entry (provide a detailed mapping of the Partner's course/work requirements to the BU program on the attached Mapping Form):*
15. **Combined duration of the articulation program, in years, e.g., 4 years (BU 2 + Partner 2).**

16. Is there a co-op requirement/option to the program? [ ] YES [ X ] NO.
17. What mechanisms are in place to allow any students on the articulation pathway to complete their studies should the articulation be withdrawn:  
No withdrawal of articulation is expected.
18. Are formal interactions with faculty and students at the partner institution planned in relation to this agreement (*please describe*):  
Biannual review of curricula
19. Will feedback be provided to the partner program about student performance and attainment (*please describe*): No  
Semi annual meetings between Deans of respective programs
20. Frequency of review of this agreement:  
Every five years

## APPROVALS

### FACULTY REVIEW AND APPROVAL *(completed by proposing Faculty)*

Approved by Dean, BU Faculty/School:

  
Signature

W. D. Care  
PRINT

April 1, 2012  
Date (mm/dd/yyyy)

Approved by Faculty Council:

  
Signature

W. D. Care  
PRINT

April 9, 2012  
Date (mm/dd/yyyy)

*Proposing Faculty to forward the completed proposal to the Vice-President (Academic & Provost)—Electronic and original copies*

### SENATE REVIEW AND APPROVAL

Curriculum & Academic Planning Committee of Senate Approval:

June 6, 2012

Date (mm/dd/yyyy)

University Senate Approval:

June 19, 2012

Date (mm/dd/yyyy)

### PROVOST REVIEW AND APPROVAL

Approved by Vice-President (Academic & Provost):

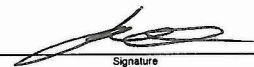
  
Signature

12/12/12  
Date (mm/dd/yyyy)

Conditions:

### PARTNER INSTITUTION APPROVAL *(Please sign both copies; retain one for your files and return the other to the Vice-President (Academic & Provost), BU)*

Approved by Partner Institution:

  
Signature

Jack Moes  
PRINT

12 Dec 2012  
Date (mm/dd/yyyy)

Signed Copy Routing (\* Action by VPA Office):

- [ ] Copy to Dean's Office, Proposing BU Faculty
- Copy to Partner Institution Signatory
- [ ] Copy to Admissions
- [ ] Copy to COPSE

Articulation 'Mapping Form' – Detailed mapping of the Partner's course/work experience to the BU program.

BU Program: Bachelor of Nursing			Partner Program: Subject(s) that map to BU courses.	
Course ID	Course Name	Cr Hrs	Course	Grade Minimum
	<b>Credit hours of Block Transfer as follows:</b>	<b>53</b>	<b>ACC Enhanced (15 month) Practical Nursing Program + 1800 hours of Nursing Practice</b>	
15.132	Anatomy & Physiology	6		
	Elective	6		
71.150	Nursing Foundations I	3		
71.155	Human Growth & Development	3		
71.250	Nursing Foundations II	2		
71.251	Intro to Pharmacology	1		
71.252	Human Responses I	3		
71.253	Health Assessment	3		
71.254	Nursing Applications I	3		
71.255	Nursing Practice I	2		
71.260	Nursing Foundations III	3		
71.262	Human Responses II	6		
71.264	Nursing Applications II	3		
71.265	Nursing Practice II	4		
71.272	Human Responses III	2		
71.275	Nursing Practice III	3		
	<b>Credit hours of Block Transfer Credit as follows:</b>	<b>59</b>	<b>ACC Diploma(20 month) Practical Nursing Program + 900 hours of Nursing Practice</b>	
15.132	Anatomy & Physiology	6		
71.153	Nutrition & Health	3		
15.264	Medical Microbiology	3		
	Elective	6		
71.150	Nursing Foundations I	3		
71.155	Human Growth & Development	3		
71.250	Nursing Foundations II	2		
71.251	Intro to Pharmacology	1		
71.252	Human Responses I	3		
71.253	Health Assessment	3		

71.254	Nursing Applications I	3		
71.255	Nursing Practice I	2		
71.260	Nursing Foundations III	3		
71.262	Human Responses II	6		
71.264	Nursing Applications II	3		
71.265	Nursing Practice II	4		
71.272	Human Responses III	2		
71.275	Nursing Practice III	3		