

**ARTICULATION REQUEST FORM:
MICHIGAN COMMUNITY COORDINATED CHILD CARE (4C) ASSOCIATION
AND BAKER COLLEGE**

PART A *To Be Completed By Michigan 4C Association Director/Designee*

Student Name: _____
Last First MI

Birth Date: _____ SSN: _____

This student has successfully completed the following Michigan 4C training. Supporting documentation is attached.

- CDA Credential
- Michigan 4C Association Basic Training and Advanced Training
- Michigan 4C Association Administrator Training
- Sections A, B, and C of Infant Toddler Caregiver Training Series

Registrar Signature Date Student Signature Date

PART B *To Be Completed By Baker College Dean/Designee*

I confirm that the above training is eligible for articulation.
Dean/Designee Signature Date _____

PART C *To Be Completed By Baker College Registrar*

The following articulated credit has been posted as “pending” until all follow-up requirements have been met.

MICHIGAN 4C ASSOCIATION Credential/Training	BAKER COLLEGE Course #	Course Name	Credits
CDA Credential	<input type="checkbox"/> ECE101B	Introduction to Early Childhood Education	4
	<input type="checkbox"/> ECE111B	Early Childhood Development	4
	<input type="checkbox"/> ECE165	Observation and Assessment Techniques for Early Childhood Education Programs	4
	<input type="checkbox"/> ECE191	CDA Portfolio Preparation	4
Michigan 4C Association Basic Training and Advanced Training	<input type="checkbox"/> ECE101B	Introduction to Early Childhood Education	4
Michigan 4C Association Administrator Training	<input type="checkbox"/> ECE151A	Administration of Early Childhood Education Programs	4
Sections A, B, and C of Infant Toddler Caregiver Training Series	<input type="checkbox"/> ECE201A	Infant and Toddler Care	2

Registrar Signature Date Student Signature Date

Copies Distributed: Student Student’s File Dean Michigan 4C Association