

ADMISSIONS AND RECORDS

Print Name Department Head/ Designee

Name:			
First Name		Last Name	MI
Student ID #:	Phone Number:	Email Address:	
	Prerequisite/Co	-requisite Challenge	
Course I wish to enter	, ,		
Prerequisite/Co-requisite requ	uirement I wish to challenge		
	for the course. Reasons for se	mentation about the background or abilitiene seking a Prerequisite/co-requisite Challeng	
Check the box which applies t	o you:		
☐The prerequisite/co-requiprerequisites.(Student docu		in accordance with the District's establishi	ing
$\Box$ The prerequisite/co-requ	isite is not valid because it viol	lates Title 5 regulations. (Student documer	ntation required)
☐The prerequisite/co-required)	iisite is discriminatory or applie	ed in a discriminatory manner. (Student do	cumentation
	isite states that I don't qualify illenge this statement. (Studen	to take the course. Based on my knowledg t documentation required)	ge or ability to
☐The prerequisite/co-requ	iisite is not reasonably availabl	e.	
☐The prerequisite/co-requisite/co-requipment documentation re		se or experience a health or safety hazard i	is unfounded.
in detail and attach this inforr transcript, catalog description will arrange for an instructor t	mation to this form. I understa n, course outline, and/or syllab	evidence to support the challenge. Please of the state of the petition and other us) directly to the Department Head or Divol. I understand I am responsible for providing a course evaluation.	forms (e.g. vision Office who
I acknowledge that I have rea	d and understood the above w	ritten statements.	
Student Signature:			
Department Head/ Design		Date	