

COUNSELING SERVICES
COLLEGE OF THE SISKIYOU

PETITION TO CHALLENGE A PREREQUISITE

Name: _____ Birthdate: _____
Last First MI
Phone: _____ Student ID: S000 _____
Address: _____
Street City State Zip

I hereby challenge the prerequisite for the following course _____

The prerequisite for the above course is: _____

Check your reason for challenging the prerequisite and provide documentation.

_____ 1). The prerequisite has not been made reasonably available;

_____ 2). I have the knowledge and ability to succeed in the course despite not meeting the prerequisite.

Documentation of the above reason:

Student Signature: _____ Date: _____

Advisor/Counselor: _____ Date: _____

I have advised this student on the prerequisite challenge procedure.

When the above section is completed by the student, return this form to Counseling Services.

Approved

Disapproved

Full time instructor in the discipline

or

Dean (If a full-time instructor is not available)

Signature

Date

When completed, return this form to Counseling Services. If approved, permit entered on _____ by _____

(last updated: 11/20/11)