



Los Angeles Valley College

5800 Fulton Avenue

Valley Glen, California 91401-4096

Semester of Enrollment

- Fall
- Winter
- Spring
- Summer

Year _____

PREREQUISITE/CO-REQUISITE CHALLENGE FORM

Last Name

First Name

Student Identification Number

____/____/_____
Date of Birth

Target Course	Prerequisite(s) /Co-requisite(s)

Check the reason for the challenge and attach documentation:

The student is responsible for providing evidence to support any of the following challenges to pre or co-requisites. To warrant consideration, evidence should be clear and reliable. Challenges must be turned into Admissions and Records no later than one the Last Day to Add Classes.

- The prerequisite/co-requisite is not necessary to succeed in the course for which it is required.
- The prerequisite/co-requisite is not reasonably available.
- The student has the documented knowledge or ability to succeed without meeting the prerequisite/co-requisite.
- The student believes it to be unfound that he/she might cause a health or safety hazard.

Comments:

X

Student's Signature

____/____/_____
Today's Date

Student's Information

Last Name

First Name

CHAIR'S RESPONSE

Your request has been
Comments

Approved Denied

Department Chair or Designee's Signature

____ / ____ / ____
Date

STUDENT'S APPEAL

I wish to appeal the decision of the Department Chair

Comments:

Student Signature

____ / ____ / ____
Date

APPEALS COMMITTEE'S RESPONSE

Your request has been
Comments:

Approved Denied

Appeals Committee Chair's Signature

____ / ____ / ____
Date

FOR OFFICE USE ONLY

Section # _____

Semester

Fall Winter
 Spring Summer
Year _____

Instructors Name _____