

Moorpark College
Prerequisite Course Equivalency Form

Target Course

Term – Year

Date

Social Security Number

Name (Print) LAST

FIRST

M.I.

ADDRESS

CITY

STATE

ZIP

Student Signature

Area Code + Phone Number

DO NOT WRITE BELOW THIS LINE

Prerequisite Course Taken

Completed Where?

___ Transcript Available (Attach to copy for Counseling Dept. Chair)

___ Transcript not Available (Transcript is required for approval)

___ Target Course Approved

Counselor Signature

___ Target Course Denied
(If denied, list reason in space below)

Counselor Name (Print)