Moorpark College Petition for Challenging a Prerequisite or Corequisite

If you believe that you have met the equivalent of a course prerequisite based upon one of the reasons listed on this form, please complete this form in consultation with a counselor and submit it to the Division Office for review. Fill out all of the information in the Student Information box and check the appropriate reason in the second box. Completion and approval of this petition does not guarantee entry into a closed class.

Student Information

Semester: Fall _____ Spring _____ Summer _____ Year _____

Complete Name:

Complete Mailing Address

Social Security Number _____

Phone Number (Day) _____

Phone Number (Eve) _____

Email address: _____

Course ID (e.g. MATH 15) and Course Ref. Number | Course Title (e.g. Introduction to Statistics) | Number of Units

Prerequisite or Corequisite:

Please identify one of the following reasons for challenging the prerequisite or corequisite:

1. ☐ I have the equivalent prerequisite knowledge despite not having successfully completed the prerequisite course and/or without enrolling in the required corequisite. Explain below and attach documentation as supporting evidence. _____

   _____

2. ☐ I will be subject to undue delay in attaining the goal of my educational plan because the prerequisite or corequisite course has not been made reasonably available. (College must attach factual history of course availability by term for the past two years).

3. ☐ The prerequisite or corequisite was established in violation of regulation or district-approved processes.

4. ☐ The prerequisite or corequisite is unlawfully discriminatory or is being applied in an unlawfully discriminatory manner.

Signatures

Counselor _____ _____ _____

Print Name | Signature | Extension

Department Chair or Dean _____ Date Received _____

(Upon receipt of this challenge, please date and review this request with two discipline faculty. Indicate this Departmental Committee's decision by your signature. *It is the Department Chair's or Dean's responsibility to contact the student by telephone and by mailing a copy of this form to the address listed above within 5 working days of receipt by the Dean or Department Chair.)*

Committee Member _____ _____ Date _____ Approved _____ Denied _____

Print Name | Signature

Committee Member _____ _____ Date _____ Approved _____ Denied _____

Print Name | Signature

Student – *If approved, present to Admissions & Records for clearance* (White Copy)

Department or Division (Pink Copy)