



Los Angeles Valley College
 5800 Fulton Avenue
 Valley Glen, California 91401-4096

Semester of Enrollment	
<input type="checkbox"/> Fall	<input type="checkbox"/> Winter
<input type="checkbox"/> Spring	<input type="checkbox"/> 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 _____