

LAVC Counseling Department

PREREQUISITE CLEARANCE FORM

Last Name		First Name	Student ID
Phone Numbe		Email	
clearance. Check one Unofficial tran	of the following: script attached	Official transcripts or below. Make sure to ir	request for prerequisite In file Indicate the prerequisite(s)
you are trying to clea	r along with the cours	se equivalency: Non-LAVC course equivalent to the prerequisite(s)	College/University the course equivalency is from

 Student Signature
 Date

 Counselor Use Only
 Approved

 Counselor Name
 Counselor Signature