

SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

SMCCCD

Division Dean's signature:

PREREQUISITE CHALLENGE FORM

Check Appropriate College

Admissions Cañada College 4200 Farm Hill Boulevard Redwood City, CA 94061 Phone: (650) 306-3226 Click <u>Here</u> to Submit Assessment Center College of San Mateo 1700 West Hillsdale Blvd. San Mateo, CA 94402 Phone: (650) 574-6175 Click Here to Submit Counseling Skyline College 3300 College Drive San Bruno, CA 94066 Phone: (650) 738-4318 Click Here to Submit

Complete the following informa	tion:					
Student's ID# G:		Fall	Spring	Summer	Year	
					Middle	
Mailing Address:						
Phone Number:			Email:			
COURSE I WISH		PREREQUISITE I WISH TO CHALLENGE				
Course	Course CRN		PROFESSOR'S NAME		Exact Course Title	
DIRECTIONS TO STUDEN	ΓS:					
	d assessment. Y				ne prerequisite through completion of a libed below and any other materials that	
	re part of the pr	erequisite or co-requis			site and explicitly state the skills and ovide the detailed letter will result in denial	
course completion, cata	log course descripts, letters	ription, course outline of recommendation from	and/or course om employers	syllabus, docum	llege transcripts as evidence of successful entation of professional work experience, mples of graded papers, professional licenses of	
• Deadline to submit is no	later than 5 wo	orking days prior to the	last date to a	ld semester-long	classes.	
Your request is our prio processed. Incomplete :			tain times of t	he year, it may t	ake up to seven working days for a request to b	
• Submit your COMPLE Division Dean's signat		ALL required docum	entation to the	appropriate can	npus. (Cañada students require faculty and	
Check which applies to you:						
I challenge the prered	quisite on the graphical quisite because	n my knowledge or ab counds that it was estab it is discriminatory or a rounds that it has not b	olished in viola applied in a dis	ntion of regulationscriminatory man	nner.	
				•		
Student Signature.		Date.				
Approved	Deni	ed				
Faculty's signature:					Date	
Approved		ied				

OFFICE USE ONLY

Processed by: _____Date: ____

Date _