

Prerequisite Equivalency/ Challenge Form

DATE RECEIVED:

YOUR PETITION WILL NOT BE ACCEPTED/PROCESSED WITHOUT SUPPORTING DOCUMENTATION.

MARIN ID # **M**

DAY PHONE -

NAME

LAST	FIRST	MIDDLE INITIAL

MAILING ADDRESS

NUMBER	STREET	
CITY	STATE	ZIP CODE

E-MAIL ADDRESS

--

I want to enroll in the following course:

COURSE NAME / NUMBER

The prerequisite for the course above:

COURSE NAME / NUMBER

✓ **Check option that applies to you. In the case of multiple prerequisites for one course, complete a separate form for each prerequisite.**

PREREQUISITE EQUIVALENCY

I have completed an equivalent course to the COM prerequisite:

Transfer Students: Please provide information on prerequisite course completed with "C" or better, the course description from the college catalog, and academic transcripts.

COLLEGE/UNIVERSITY	SEMESTER/YEAR
COURSE TITLE	UNITS LETTER GRADE
	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

High School Students: Please provide information on prerequisite course completed with "C" or better. If using AP test results, indicate score and submit documentation.

HIGH SCHOOL	SEMESTER/YEAR
COURSE TITLE	UNITS LETTER GRADE
	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

PREREQUISITE CHALLENGE

Explanation and evidence to support challenge must be attached.

I have NOT completed an equivalent course to the COM prerequisite. I want to challenge it based on the following:

- Knowledge or ability to succeed
- Invalid prerequisite
- Prerequisite course not available
- Prerequisite is discriminatory or applied in a discriminatory manner
- Prerequisite not established in accordance with the district's process for establishing prerequisites/corequisites

FOR OFFICE USE ONLY

	Initials	Date
Transcript	/	
Course Description	/	
Block Lifted	/	
Block Reinstated	/	
Dropped	/	
Date Notified	/	
DEPARTMENT CHAIR	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COUNSELOR	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
ACADEMIC EVALUATOR	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
SIGNATURE _____		
PRINT NAME _____		
RETURN THIS COPY TO A&R BY _____		
If denied, state reason:		

PLEASE READ PROCEDURES ON REVERSE AND SIGN DECLARATION

I declare under penalty of perjury that the statements and information submitted on this form are true and correct. I understand that all material and information submitted by me for purposes of verifying the completion of a prerequisite which the college has deemed to be valid and necessary for success in a course become the property of the College of Marin and are subject to audit. I also understand that falsification and withholding pertinent data will result in immediate withdrawal from a course and further disciplinary action.

I acknowledge that College of Marin has determined that this prerequisite is necessary for success in the course, and that I am taking personal responsibility for succeeding without this prerequisite.

STUDENT SIGNATURE

SEMESTER

DATE

PREREQUISITE EQUIVALENCY/CHALLENGE PROCEDURES

GENERAL INFORMATION

The College of Marin is required by the State of California to enforce course prerequisites. We believe successfully completing prerequisites prior to enrolling in higher level courses will ensure your success as a student. If you have successfully completed the prerequisite at another college/university, you must fill out the Prerequisite Equivalency portion of this form. To challenge the prerequisite, you must fill out the Prerequisite Challenge portion of this form. An explanation and supporting evidence must be attached.

CHALLENGE OPTIONS

You may challenge the prerequisite for the course you wish to enroll based on the following options:

1. Knowledge or ability to succeed: You believe you can succeed in the course without meeting the prerequisite based on your knowledge or ability gained outside of the classroom. The challenge (and documentation) will be reviewed by the appropriate department.
2. Invalid prerequisite: You believe the prerequisite is not valid because it is not necessary for success in the course for which it is required. You understand the faculty of the department and the College's Curriculum Review Committee has considered and approved the prerequisite. The department will determine whether the required course is necessary for success in the target course.
3. Prerequisite course not available: You believe the prerequisite course was not made reasonably available. The Department Chairperson will determine whether the required course was reasonably available.
4. Prerequisite is discriminatory: You believe the prerequisite is discriminatory or is applied in a discriminatory manner. The Department Chairperson will review the evidence submitted.
5. District process: You believe the prerequisite was not established in accordance with the Board Policies and Administrative Procedures for establishing prerequisites. The Department Chairperson will determine whether or not the establishment of the course prerequisite followed Board Policies and Administrative Procedures.

CONDITIONS

A prerequisite challenge may be filed at any time; however, if it is filed after the deadline established by the College, it will be applied to the subsequent term. Please see deadline dates published in the College Catalog and Schedule of Classes.

It is the student's responsibility to provide compelling evidence to support the challenge. If you have questions or need assistance, discuss it with your counselor prior to filing.

Filing a challenge does not guarantee a seat in the course.

Challenges are reviewed by the appropriate academic Department Chairperson. The Department Chairperson has five (5) working days to approve or deny the challenge (except during Spring and Winter breaks or when Departments are closed). If the Department Chairperson exceeds the time limit, the student will be allowed to enroll in the target course.

PLEASE COMPLETE REVERSE SIDE