

Faculty Signature:

This request must be made a minimum of 5 working days prior to the first day of the term.

Last Name	First Name	MI	Student ID	Date Submitted		
Phone Number	Email		Registration Appointn	nent Date/ Time:		
Course I wish to enter:			Prerequisite or Course Requirement I wish to challenge:			
	PREREQUISIT	E/COREQ	JISITE CHALLEN	GE		
which adequately prepar Center or online at	e the student for the course. A http://www.goldenwestcolle <i>Challenge Form</i> may include	<i>Prerequisite/Co</i> ge.edu/assessm	requisite Challenge Form nent/pdf/Challenge_Form.	course work, background or abilities can be obtained from the Assessment pdf. Reasons for seeking a		
l understa who shall	nd that I must take the cha	llenge form dire days whether th	ectly to the Director of A	een made reasonably available. dmissions and Records or designee easonably available, and if not, shall		
				Office Receipt Acknowledgement		
I understa My challe to me with 3. The prerequination is required I understa petition to	nge will be reviewed by the in 5 working days of the com isite/corequisite is discrim nd that I must present docume	Academic Petit Academic Petit mittee's meeting hinatory or app ented evidence to tudent Grievand	ctly to the Director of Ad tion Review Committee v g date. Iied in a discriminatory o the Director of Admission	In sequired). Imissions and Records or designee. who shall provide written notification Office Receipt Acknowledgement manner (student documentation ns and Records, who will forward my ny challenge will be made and I will		
		0		Office Receipt Acknowledgement		
not meeting I understan documenta understan	the prerequisite. Ind that I must take this cha tion that I must provide to	allenge form dir support my re ipporting docum	ectly to the Assessment equest for waiver of the entation will be reviewed	to succeed in the course despite Center who will inform me of the prerequisite/corequisite. I further by instructors from the appropriate		
It is the responsibility of	the student to provide comp	ellina evidence t	o support a Prerequisite/0	Corequisite Challenge. I acknowledge		
that Golden West College		requisite/corequis	site is necessary for succe	ess in the course and that I am taking		
Student Signature:						
FOR OFFICIAL USE O	NLY					
Faculty Member's Decisi	on: Accept ()	Deny ()			

It is the policy of the Coast Community College District to provide all persons with equal employment and educational opportunities regardless of race, color, gender, sexual orientation, national origin, religion, age, disability, or marital status. GWC 504/ADA Office - Coordinator of Accessibility Center for Education (ACE) at (714) 895-8721 or the campus Student Grievance Officer at (714) 895-8125.

Date:

Prerequisite Course Challenge Form

Student Name:	Student ID#: _		Phone:			
Student Email:@student	.cccd.edu Alte	rnate Email:				
Course in which student wishes to enroll:						
Prerequisite course student is challenging:						
Registration Appointment: Date:	Time:					
1. Take this form to Admissions and Records. They will verify your registration appointment date and time by signing here. (Stamp/Signature)						
2. Attach supporting documentation addressing challenge criteria for the prerequisite course being challenged (available at http://www.goldenwestcollege.edu/assessment/) then submit this form to the Assessment Center.						
(For Office Use Only: Do Not Write Below This Line)						
Assessment Center:						
Received: (Date)(Time)						
Person receiving:						
Has Student's registration date and time been reached? (Yes) (No)						
If yes, list section numbers of desired class currently open:						
To which Division Dean will this form be sent?						
By midnight of which date must the results be reported by email?						
Division Dean:						
Challenge Assigned to:(Faculty member/IUA)						
Faculty Member's Decision:AcceptDeny						
Faculty Signature:Date:						

Faculty: Please send an email stating your decision to (1) the student (2) Admissions & Records (3) Assessment Center (4) Your Division Office. Return this form to the Assessment Center.

Student has 5 business days from date on this email to follow given instructions to petition Division Dean for placement in closed sections.