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

Semester of Enrollment	
☐ Fall	☐ Winter
☐ Spring	☐ 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 ☐ Approved ☐ Denied

Comments

_____ _____ / _____ _____ / _____ _____ _____ _____

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 ☐ Approved ☐ Denied

Comments:

_____ _____ _____ / _____ _____ / _____ _____ _____ _____

Appeals Committee Chair's Signature Date

FOR OFFICE USE ONLY

Section # _____ Semester ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year _____ Instructors Name _____