



REQUEST FOR PREREQUISITE/COREQUISITE VALIDATION

- For prerequisite clearance or general information please contact the Counseling Department (909) 652-6200.
- To verify if your high school and/or college transcripts are on file, please contact the Admissions Office at (909) 652-6600.
- Request form with documentation may be submitted in person, faxed (909) 652-6228, or mailed to the address above.
Please Note: Attached documentation will not be returned.
- Notification is sent to your e-mail address upon processing. Some requests may require up to 7 business day to process.
- Register during the registration period. (Refer to Class Schedule for the last day to add)
- Please use black or blue ink and print legible

Indicate Enrollment Term: _____

Student Name: _____ ID #: _____ Birthdate: _____
Last First M.I.

Address: _____ Home Phone #: (____) _____
Number Street Area Code Number

_____ Cell Phone #: (____) _____
City State ZIP Area Code Number

E-Mail Address: _____

Course Verification for: PREREQUISITE COREQUISITE

Indicate the supporting document to be used to determine course prerequisite or corequisite:
Assessment test scores from other colleges are not accepted. (Please note: Documents will not be returned)

High School Transcript AP Test Scores Other: _____
 College Transcript Report Card

Documentation: Attached unofficial Attached official (sealed) On file in the Admissions Office

LIST COURSES YOU PLAN TO TAKE AT CHAFFEY <i>(Example: Engl-1A)</i>	LIST CHAFFEY COLLEGE PREREQ/COREQ COURSE(S) <i>(Engl-450)</i>	LIST COMPARABLE PREREQ/COREQ COURSE(S) <i>(Engl-50A)</i>	LIST SCHOOL WHERE COMPARABLE PREREQ/COREQ WAS TAKEN <i>(SB City College)</i>	OFFICE USE ONLY	
				PREREQ/COREQ	
				MET	NOT MET
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

You will receive an email notification of the prerequisite/corequisite validation form after it has been processed. This process does not clear you from the assessment testing.

Student Signature: _____ Date: _____

COUNSELING DEPARTMENT USE ONLY

Counselor Signature (If Verified): _____ Date: _____

Transcript Evaluator Signature: _____ Date Processed: _____

Assessment Test Required Prerequisite(s) Previously Entered In-Progress Substandard Grade
Schedule an appointment (909)652-6200 Duplication Document Required C- and below not accepted

Comments: _____

