

COUNSELING SERVICES  
COLLEGE OF THE SISKIYOU

**PETITION TO CHALLENGE A PREREQUISITE**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First MI  
Phone: \_\_\_\_\_ Student ID: S000 \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip

I hereby challenge the prerequisite for the following course \_\_\_\_\_

The prerequisite for the above course is: \_\_\_\_\_

Check your reason for challenging the prerequisite and provide documentation.

\_\_\_\_\_ 1). The prerequisite has not been made reasonably available;

\_\_\_\_\_ 2). I have the knowledge and ability to succeed in the course despite not meeting the prerequisite.

Documentation of the above reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor/Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

I have advised this student on the prerequisite challenge procedure.

**When the above section is completed by the student, return this form to Counseling Services.**

Approved

Disapproved

Full time instructor in the discipline

or

Dean (If a full-time instructor is not available)

Signature

Date

When completed, return this form to Counseling Services. If approved, permit entered on \_\_\_\_\_ by \_\_\_\_\_

(last updated: 11/20/11)