MATH PREREQUISITE CLEARANCE/CHALLENGE FORM

Student Name ___________________________________  ID Number __________________  Phone # __________________

Email Address ____________________________________________

DO YOU SEE YOUR CLASS OR AP SCORE ON THE PRE-APPROVED LIST OF NON-LRCCD MATH PREREQUISITES?

YES?  Complete the CLEARANCE information below and submit to Admissions and Records Office (Portable 48).  Allow 1 to 2 business days for processing. You will be notified by email.

NO?  Complete the CHALLENGE information below (with attachments) and submit to the Science/Math Area Office located in SCI 501.  Allow up to 5 business days for processing.

CLEARANCE:  COMPLETE THE INFORMATION IN THE BOX BELOW.

In which CRC course(s) do you plan to enroll? (Check any that apply)

☐ MATH 300  ☐ MATH 310  ☐ MATH 335  ☐ MATH 341  ☐ MATH 355  ☐ MATH 356  ☐ MATH 370
☐ MATH 400  ☐ MATH 401  ☐ MATH 402  ☐ MATH 410  ☐ MATH 420  ☐ MATH 480  ☐ MATH 483
☐ MATH 484  ☐ STAT 300

How are you meeting the prerequisite? (Check one)

☐ Course information (on approved list) with grade of C- or better:

Name of Institution ____________________________________________

Course Name/Number __________________________________________

☐ Official/Unofficial AP, CAASPP (EAP) test score

CHALLENGE:  ATTACH EVIDENCE SUPPORTING YOUR CHALLENGE.

Prerequisite or course requirement(s) I WISH TO CHALLENGE: __________________ Prerequisite to ________________

Institution Name: ____________________________  Course Name/Number ____________________________

☐ Letter of explanation (required)  ☐ Current copy of Los Rios Assessment results
☐ Unofficial transcript of college coursework (required)  ☐ Copy of course description (required)
☐ Unofficial copy of AP Exam

Student Signature ___________________________________  Date ________________

RESPONSE: _____ Granted _____ Denied  Signature ________________________ Date ________

Explanation: ________________________________

☐ Transfer Credit Posted  ☐ Milestone Posted  ☐ Request Denied/Not Processed  ☐ Student Notified

Staff Verification (initials) ___________________________  Date: ____________________