PIERCE COLLEGE
PREREQUISITE CHALLENGE FORM

Name:____________________ I.D.#:____________________________ Date Submitted:__________
Phone:__________________ Email:__________________________

COURSE I WISH TO ENTER PREREQUISITE OR COURSE REQUIREMENT I WISH TO CHALLENGE
__________________________________________________________________________________

PREREQUISITE CHALLENGE PROCEDURES

Check the box indicating the basis of your challenge:

[ ] A prerequisite is not reasonably available. I understand that I must take the petition directly to the Director of Matriculation, who shall make a determination whether the required course was reasonably available, and if not, shall waive the prerequisite for the term. The request must be made NO LATER than one week PRIOR to the first day of the term. Students wishing to appeal the course prerequisite must contact the department for approval and return this completed form to the ASSESSMENT CENTER.

[ ] The student believes the prerequisite is not valid or necessary for the success in the course for which it is required. I understand that I must take the petition directly to the Director of Matriculation, who shall make a determination within five working days. The request must be made NO LATER than one week PRIOR to the first day of the term. Students wishing to appeal the course prerequisite must contact the department for approval and return this completed form to the ASSESSMENT CENTER.

[ ] The student believes the prerequisite is discriminatory or being applied in a discriminatory manner. I understand that I must take the petition directly to the Director of Matriculation, who shall in conjunction with the Affirmative Action Officer make a decision within 5 working days. The request must be made NO LATER than one week PRIOR to the first day of the term. Students wishing to appeal the course prerequisite must contact the department for approval and return this completed form to the ASSESSMENT CENTER.

[ ] The student has the knowledge or ability to succeed in the course without meeting the prerequisite. I understand that I must take the petition directly to the Assessment Center, who shall in conjunction with the Department Chair make a decision within 5 working days. The request must be made NO LATER than one week PRIOR to the first day of the term. The student must contact the department for approval and return this completed form to the ASSESSMENT CENTER.

[ ] The student believes it to be unfounded that he or she might cause a health or safety hazard. I understand that I must take the petition directly to the Director of Matriculation, who shall make a determination within five working days. The request must be made NO LATER than one week PRIOR to the first day of the term. Students wishing to appeal the course prerequisite must contact the department for approval and return this completed form to the ASSESSMENT CENTER.

PETITION TO CHALLENGE PREREQUISITE (ATTACH SUPPORTING DOCUMENTATION)

It is the student’s responsibility to provide compelling evidence to support the challenge.

I acknowledge that Pierce College has determined that this prerequisite is necessary for the success in the course and that I am taking personal responsibility for succeeding without this prerequisite.

Students Signature______________________________

For Office Use Only
Date challenge is received by Department Chair:__________
Department Chair decision:______ Denied ______ Upheld

Department Chair signature______________________________ Date__________