

Skyline College Course Prerequisite Equivalency / Reciprocity of Course Placement Form

DIRECTIONS TO STUDENTS:

Complete a petition for each course for which you are seeking course equivalency (submit only one request per form). <u>Attach to the form an official or unofficial</u> <u>transcript</u> (if submitting an unofficial transcript, *all* pages of the unofficial transcript must be submitted; partial transcripts will not be accepted). All transcripts or <u>placement result must include your name and the college name</u>. Submit the petition and supporting documentation to the Skyline College Counseling Division, Building Two (2nd floor). You will be notified by phone or email of the outcome of your request within 2 -3 working days.

Building Two (2 nd floor). You will be notified			outcome of your request w				use8 2.		
STUDENT INFORMATION:									
tudent ID: G#			Name:						
Telephone: () SMCCD			Email:	@my.smccd.edu					
If planning on transferring to a four-year col	lege or university,	please ir	ndicate your intended tran	sfer major and campus	(es) in the	space provide	ed below:		
☐ PREREQUISITE EQUIVALENCY: Use this option if you have successfully con	nnleted (grade of	"C" or be	etter) a college level cours	e at a regionally accred	lited colles	ge that meets	the prerec	quisite for	
the course that you would like to enroll in a			etter, a conege level com	e at a regionally acc. co		ge mat meess	the present	quisite io.	
I would like to enroll in the following course	:	T	he prerequisite for this co	ırse is:					
Name of College	Course Name & Number	Course	Title		Smstr./Qrtr/Year Course completed		Course units	Course Grade	
Use this option if you completed an Alternative Placement Exam (ie. would like to enroll in at Skyline College. I would like to enroll in the following Skyline College course (include course name, number, and title (ex. CHEM 210 General Chemistry) RECIPROCITY OF COURSE PLACEMENT: Use this option if you have completed a placement exam at a Californ results).			Name of Alternative Pla	cement Exam		Exam Score	Date o	f Exam	
I would like to enroll in the following Skyline College course (include course name, number, and title (ex. ENGL 100 English Composition)			College where exam was taken			Date	Date of Exam		
FOR OFFICE USE ONLY:									
☐ Approved ☐ Denied			Comments:						
Faculty Reviewer:			(#) Date:		Entered by: _			
Assessment Center staff only:	DATECT Durana mulaid		and her disciplinate	DANINED Code/s)		Date			