Skyline College

PETITION TO CHALLENGE PREREQUISITE OR COREQUISITE

<u>Important Note</u>: A student who wishes to challenge a prerequisite or corequisite should file a petition as early as possible prior to the first day of class, but no later than 5 days prior to the published last day of the late registration period. It is the responsibility of the student to provide compelling evidence to support the challenge.

Please print clearly.		
Student ID #: G	Name:	
Telephone Number:	Email:	
Course I wish to Enter:	Prerequisite Or Course Requirement I wish To Challenge :	
List the Skyline course name and number (example: MATH 200)	List Skyline course prerequisite name and number (example: MATH 120)	

Reason for challenge -check the box that applies to you:

 \Box **1**. I challenge the prerequisite on the grounds that I have the knowledge or ability to succeed in the course. Petitioner must present this challenge form directly to the Division Dean or designee who will arrange for the evaluation of the documentation within 5 working days.

2. I challenge the prerequisite on the grounds that it is in violation of Title 5 regulations or SMCCCD policy. Petitioner must present this challenge form directly to the Division Dean or designee who will arrange for the evaluation of the documentation within 5 working days.

3. I challenge the prerequisite on the grounds that it is discriminatory or applied in a discriminatory manner. Petitioner must present this challenge form directly to the Division Dean or designee who will arrange for the evaluation of the documentation within 5 working days.

4. I challenge the prerequisite on the grounds that the requisite course has not been made reasonably available. Petitioner must present this challenge form directly to the Division Dean or designee who will arrange for the evaluation of the documentation within 5 working days.

□ I acknowledge that Skyline College has determined that this prerequisite is necessary for success in the course and that I am willing to take personal responsibility for succeeding without this prerequisite.

Student Signature:		Date Submitte	ed:	
		Date Received	l:(Verifies	(Verifies receipt of this form with required documentation)
When only one faculty mem				peal. ************************************
		For Officia	ll Use Only:	
Action Taken: 🗌 Appro	ve 🗌 Not App	proved If no	t approved, please indicate	reason:
Division Dean Signature:			Dat	te:
Faculty Signature:			Dat	te:
Faculty Signature:			Dat	te:
Copy: Student-Golden	Division-Pink	A&R- White	Banner Clearance Date: _	Staff initials: