



Counseling Department
5885 Haven Ave, Rancho Cucamonga, CA 91737-3002

REQUEST FOR PREREQUISITE/COREQUISITE VALIDATION

- For prerequisite clearance or general information, please contact the Counseling Department at (909) 652-6200
- All external documents listed below must be on file with the Admissions & Records Office prior to submitting this form
- To verify that your transcripts have been received please contact the Admissions & Records Office at (909) 652-6600
- Request form may be submitted in person, by email to transcript.evaluator@chaffey.edu or by fax to (909) 652-6477
- All communication regarding this form will be to the email address provided below
- Requests may take up to 7 business days for processing
- Register on or after your assigned registration date, please refer to the MyChaffey portal for this information
- Please use blue or black ink only

Student Name: _____
Last First M.I.

Chaffey College ID#: _____ **Email Address:** _____
(If available, the panther.chaffey.edu email will be used)

Indicate the supporting document(s) to be used to determine course prerequisite/corequisite:

- High School Transcript AP/CLEP Test Scores College Transcripts Other: _____

(Assessment test scores from other colleges are *not* accepted.)

LIST COURSE YOU PLAN TO TAKE AT CHAFFEY <small>(Ex. MATH-25)</small>	LIST CHAFFEY PREREQ/COREQ COURSE(S) <small>(Ex. MATH-425)</small>	LIST COMPARABLE PREREQ/COREQ COURSE(S) <small>(Ex. MATH-95)</small>	NAME SUPPORTING DOCUMENT <small>(Ex. SBVC)</small>	OFFICE USE ONLY	
				MET	NOT MET
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Student Signature: _____ **Date:** _____

Counselor Signature : _____ **Date:** _____
(If verified)

COUNSELING OFFICE USE ONLY

- Assessment Test Required (Schedule an appt (909) 652-6200) Substandard Grade ("C-" and below not accepted) Prereq/Coreq Prev Entered _____

Prerequisite- Partially Met (Additional course(s) required): _____

Comments: _____

Transcript Evaluator Signature: _____ **Date:** _____