



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 | LIST CHAFFEY PREREQ/COREQ COURSE(S) | LIST COMPARABLE PREREQ/COREQ COURSE(S) | NAME SUPPORTING DOCUMENT | OFFICE USE ONLY | |
|---|-------------------------------------|--|--------------------------|--------------------------|--------------------------|
| | | | | MET | NOT MET |
| (Ex. MATH-25) | (Ex. MATH-425) | (Ex. MATH-95) | (Ex. SBVC) | <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:** _____