

Prerequisite/Co-requisite **Challenge Petition**

Admissions & Records

Dille Received in han	DATE	RECEIVED	IN A&R
-----------------------	------	----------	--------

Oate Stamp &	Initial	
Verified ID/s.	Yes	No

Verified ID/s:	Yes	No

STUDENT INFORMATION:								
							SUMMER	
Fir	st	MI.	Last		SCC ID#		20	
	FALL							
Ma	illing Address				Date of Birth		20	
							SPRING 20	
Cit	У	State	Zip	SCC Email Address			20	
Sola	no Community College has establish	ned a process by w	hich any stude	nt who does not meet a Prerec	uisite or Co-requ	isite, or who is	not permitted	
	nroll due to a limitation on enrollmen							
CO	OURSE YOU WISH TO ENROLL IN A	AT SOLANO COM	IMUNITY COL	LEGE:				
—		G V 1	(104)	C mid (I)		** ** ** 1	(5.0)	
	Course (ex. Math) 1 CHALLENGING THE PRE-REQUI	Course Number		Course Title (ex. Intermed	_	Unit Valu	e (ex. 5.0)	
	documentation of my knowledge and/or ability to succeed in the course. I will be subject to a delay of one (1) semester or more in attaining the goal filed on my Student Education Plan (SEP) since I cannot enroll in the requisite course because the course has not been made <i>reasonably available</i> .							
	I wish to enroll in a course with a health and safety pre/co-requisite but can demonstrate that I do not pose a threat to myself or others in spite of not meeting that pre/co-requisite.							
	Other (Please specify):							
SCHOOL DEAN SIGNATURE: DATE								
1								
REQUIRED: Please write a statement and attach any required documentation to support your petition. (Note # of attached pages:) I declare under penalty of perjury that the statements and information submitted on this form are true and correct. I understand that all material and information submitted by me for purposes of verifying the completion of a prerequisite which the college has deemed to be valid and necessary for success in a course become the property of Solano Community College and are subject to audit. I also understand that falsification and withholding pertinent data will result in immediate withdrawal from a course and further disciplinary action. INITIALS: I acknowledge that Solano Community College has determined that this prerequisite is necessary for success in the course, and that I am taking personal responsibility for succeeding without this prerequisite. I acknowledge that I have read and understood that it is my responsibility to provide compelling evidence to support the Challenge. Students listed above must sign the form in the presence of a college official and show a photo ID. Please submit to the Office of Admissions & Records on the Fairfield Main Campus, the Vacaville Center, Vallejo Center, or Travis Air Force Base office. INITIALS:								
21	UDENT SIGNATUKE (Required):			DATE				
A&R OFFICE USE ONLY:								
	□ Approved □ Denied - A	Entered in Ba Notification to Scanned & In	nner (<i>initials</i>): o student (<i>initid</i>		Date: tte: tte:			