

English Placement, Co- & Prerequisite Clearance Form

Please complete this form and submit to CRC-EnglishPrereq@crc.losrios.edu with required additional documentation for the option selected. Sign and date on page 2. Incomplete forms will be denied.

tudent Name	ID Number	Da	nte
hone #	Email Address		
I would like to enroll in the following cla	ass:		
The co- or prerequisite for the class at 0	CRC is:		
Please select from Options 1 to the class prerequisite. Option 1: This class was com College/University/School Name			/school
Course Name/Number		Units	Letter Grade
Attach a copy of your transcript vSign and date on page 2	with your name and the com	pleted course	with a grade of C or bet
Option 2: You have met this p	orerequisite with AP, IB,	or CLEP.	
Test Name		Year	Score

- Attach a copy of your score report
- Sign and date on page 2

Option 3: You satisfy the prerequisite another way.

- Complete the Student Statement on page 2 and attach any supporting documentation
- Sign and date on page 2

Option 4: You placed in a class with support, but believe you are better served to take it without support.

- Complete the Student Statement on page 2 and attach any supporting documentation
- Sign and date on page 2

If you selected **Option 3** or **Option 4**, please provide a written statement. Use the Student Statement space below or attach a separate document to explain how your preparation supports your request. Your statement may include some of the following:

- If you weren't successful in the prerequisite class, but have improved your English skills since then, how did you do it? When and where? Please add specifics.
- Have you had some other training or experience that has prepared you for the course? What was it? When was it?

High School GPA:	
Student Statement:	
Student Signature:	Date:
SUBMIT COMPLETED FORM TO CRC-English	Prerea@crc.losrios.edu
Please allow 5 business days (campus holidays excluded) for you may be extended during winter, spring, and summer breaks. You decision from English Area Office.	ur form to be processed. Processing time
For Office Use Only	

EQUIVALENCY:	Course/Exam is on faculty approved list. No signature required				
	APPROVED	DENIED	Designation of Circumstance		
			Reviewer's Signature	Date	
CHALLENGE:	APPROVED	DENIED			
Committee Chair's Name			Committee Chair's Signature	Date	
Comments on Challe	enge Denial				