



**COSUMNES**  
RIVER COLLEGE

## PRE/COREQUISITE VERIFICATION FORM - NON MATH/ENGLISH COURSES

\_\_\_\_\_  
Student Name (Last)                      (First)                      (MI)                      Student ID #

Semester: (Circle One)    FALL            SPRING            SUMMER            Year: \_\_\_\_\_

Course to be Taken: \_\_\_\_\_

Prerequisite Course: \_\_\_\_\_

College: \_\_\_\_\_

(Where Course was taken)

**STAFF USE ONLY:**

\_\_\_\_\_  
Signature (Faculty or Counselor)

\_\_\_\_\_  
Date

Email completed form to: [admissions@crc.losrios.edu](mailto:admissions@crc.losrios.edu)