

YOUR PETITION WILL NOT BE ACCEPTED/PROCESSED WITHOUT SUPPORTING DOCUMENTATION.

MARIN ID #

DAY PHONE -

NAME

LAST FIRST M.I.

MAILING ADDRESS

NUMBER STREET

CITY STATE ZIP CODE

E-MAIL ADDRESS

I want to enroll in the following course for the _____ 20__ term:
COURSE NAME / NUMBER (EXAMPLE: ENGL 151)

*The prerequisite for the course above:
COURSE NAME / NUMBER (EXAMPLE: ENGL 150)

***In the case of multiple prerequisites for one course, complete a separate form for each prerequisite.**

PREREQUISITE EQUIVALENCY

I have completed an equivalent course to the COM prerequisite:
Transfer Students: Please provide information on prerequisite course completed with "C" or better, the course description from the college catalog, and academic transcripts.

COLLEGE/UNIVERSITY	SEMESTER/YEAR	
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	
COURSE NUMBER/TITLE	UNITS	LETTER GRADE
<input style="width: 90%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>

If using AP test results, indicate score and submit documentation.

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 the College of Marin 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.

STUDENT SIGNATURE _____ SEMESTER _____ DATE _____

FOR OFFICE USE ONLY

	Initials	Date
Transcript	/	
Course Description	/	
Block Lifted	/	
Block Reinstated	/	
Dropped	/	
Date Notified	/	

DEPARTMENT CHAIR	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
COUNSELOR	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
ACADEMIC EVALUATOR	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED

SIGNATURE _____
 PRINT NAME _____
 DATE _____
 If denied, state reason: _____