

PREREQUISITE VERIFICATION FORM

Counseling Support | 5055 Santa Teresa Blvd. | Gilroy, CA 95020

DIRECTIONS: Complete this form and indicate which course(s) you are seeking approval. Incomplete or unsigned forms will be automatically denied. Once this form and all supporting documents are submitted, Gavilan College will notify you within **3 business days** via phone and or email regarding approval or denial of the course prerequisite verification.

Registration Term: Fall Spring Summer 20_____

STEP 1: Student Information

Student Name: _____ Student ID #: **G00** _____

Phone #: (_____) _____ - _____ Gavilan College Email: _____@my.gavilan.edu

STEP 2: Documentation

Check the option you are using to verify the prerequisite:

- Coursework taken at another U.S. College/Institution:** Complete Step 3A
ATTACH A TRANSCRIPT SHOWING A GRADE OF "C" OR BETTER AND COURSE DESCRIPTION(S) AT THE TIME YOU TOOK THE COURSE(S).
- AP test score of 3 or higher** (Attach an AP Test Score Report from CollegeBoard): Complete Step 3B
- Assessment/Placement Exam** (Assessment scores only valid for 2 years from date of exam): Complete Step 3B

STEP 3A: COURSEWORK Equivalency Chart

Course(s) I want to take at Gavilan College	Gavilan College prerequisite	Institution where prerequisite was completed	Course Number & Course Title <i>at previous institution</i>	Grade	OFFICE USE ONLY (Approved/ Denied) and Staff Initials

STEP 3B: ASSESSMENT Equivalency Chart

Course(s) I want to take at Gavilan College	Gavilan College prerequisite	Institution where assessment was completed	Name of Assessment and Year Completed	Score or Placement	OFFICE USE ONLY (Approved/ Denied) and Staff Initials

STEP 4: Submit for Review

Submit completed, signed form with all supporting documents attached to:

Counseling Support
OR Email: prereqs@gavilan.edu
Phone Number: (408) 840-3024 or (408)782-4657

By completing this form, I acknowledge this is not an official evaluation of my external coursework; I understand I will not receive course credit. This form is for the purpose of verifying a prerequisite to a class I plan to take at Gavilan College, as identified on this form. I have the course description and believe the course work from the external institution meets the prerequisite criteria.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY COUNSELOR/EVALUATOR NAME: _____ INB: Yes No Date: _____