

Registration Term:

PREREQUISITE VERIFICATION FORM

20____

Summer

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 **5 business days** via phone and/or email regarding approval or denial of the course prerequisite verification.

Spring

Fall

STEP 1: Student In	formation				
Student Name:			Student ID #: G00		
Phone #: ()		_ Email Address:			
STEP 2: Document	ation				
		rify the prerequisite:			
			2 4		
		ther U.S. College/Institution: Complete Ste SHOWING A GRADE OF "C" OR BETTER	рза		
			ella a a Da a sella. Cananala ta Ctana 3		
		ner (Attach an AP Test Score Report from Co	bliegeBoard): Complete Step 3	В	
STEP 3A: COURSEV					
Course(s) I want to take at Gavilan College	ALL Gavilan College prerequisite(s)	Institution(s) where prerequisite(s) was/ were completed (including Gavilan)	Course Number(s) & Course Title(s)	Grade(s)	
EXAMPLE:	BIO 7	West Valley College	BIO 47 - Human Anatomy	В	
BIO 9	CHEM 30A	Gavilan College	CHEM 30A - Elementary Chemistry	B+	
STEP 3B: AP Equiva	alency Chart				
Course(s) I want to take at	ALL Gavilan College	Name of AP Exam taken and year completed Score			
Gavilan College	prerequisite(s)		-		
STEP 4: Submit for	Review				
		h all supporting documents via email to: p	rereqs@gavilan.edu		
	credit. This form i	lge this is <u>not</u> an official evaluation of my e s for the purpose of verifying prerequisites			
Student's Signature:			Date:		