

College of Alameda Prerequisite Clearance Request Form

STUDENT: Complete boxes A, B, C and attach any supporting documents.

A. Name: _____ Peralta Student ID # _____
 Last First MI
Other names on transcripts: _____ Date of Birth: ____/____/____
Phone: (____) _____ Email: _____ (Please provide current email)

It is your responsibility to provide **proof of prerequisite completion** (transcripts with “C” or better grades) and/or supporting documentation (i.e. AP scores, unofficial high school/college transcript). **YOUR PETITION WILL NOT BE REVIEWED IF TRANSCRIPTS/DOCUMENTATION IS NOT ATTACHED AND/OR THIS FORM IS INCOMPLETE.** This form is to be used for **prerequisite clearance ONLY**, and is not part of your academic evaluation (i.e. for certificate, degree, or transfer). Transcripts and/or supporting documents **will not** be kept on file for future reference.

You can turn in your clearance form to the Counseling appointment desk or you may fax it to the Counseling Department at **(510) 748-5208**. Please allow **a minimum of 1-2 business days** for processing of this form. Once your request is approved, you can proceed with online enrollment. If you do NOT receive a phone call from us, try to enroll for the class through PASSPORT **on your enrollment date.**

If you have a matriculation hold on your account, please fill out the “Exemption from Student Success and Support Services” form which can be found on our counseling website: <http://alameda.peralta.edu/counseling/>.

If your request is **DENIED** you will be notified by phone. Please be sure your phone number is listed correctly above.

I have read and agree to all statements on this form.

Student Signature: _____ Date: _____

C. What course do you want to take? (Example: Math 3A - Calculus 1)	What is the prerequisite? (Example: Math 2 - Pre-Calculus)	What is the course being used to meet the prerequisite? (Example: Math 20 – Pre-calculus @ _____ College)
_____	_____	_____
_____	_____	_____