

**GLENDALE COMMUNITY COLLEGE**  
**Prerequisite, Corequisite, Limitation on Enrollment Challenge Petition**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
Division Chairperson/Designee

From: \_\_\_\_\_ I.D.#: \_\_\_\_\_  
Student's Name

Prerequisite or Course requirement I wish to challenge:

Course I wish to enter: \_\_\_\_\_

The reason for the challenge of the course prerequisite, corequisite or limitation on enrollment is: (check one)

- \_\_\_\_\_ 1. I have the necessary knowledge or skills to successfully complete this course. (In the space provided below, describe the coursework completed, occupational experience or other learning experiences which have prepared you for the course.) Relevant documentation may be requested.
  
- \_\_\_\_\_ 2. The prerequisite or corequisite course has not been made reasonably available and will cause undue delay in the completion of my educational goal detailed in my Student Educational Plan. (Attach SEP for documentation.) Student must have a counselor's recommendation.
  
- \_\_\_\_\_ 3. The prerequisite or corequisite has not been established in accordance with the district's process for establishing prerequisites and corequisites. (In the space below, please explain and provide documentation.)
  
- \_\_\_\_\_ 4. My placement does not reflect my ability in the area assessed. (In the space provided below, explain why your assessment does not accurately reflect your skills or abilities.)
  
- \_\_\_\_\_ 5. The prerequisite or corequisite is unlawfully discriminatory or is being applied in an unlawfully discriminatory manner. (In the space below, please explain and provide documentation.)

In this section, describe the circumstances which you believe warrant a waiver for the course in question.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

Counselor's Recommendation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

**To be completed by the Division Chairperson/Designee:**

I approve \_\_\_\_\_ do not approve \_\_\_\_\_ the student's request to waive the following course prerequisite, corequisite or limitation on enrollment:

\_\_\_\_\_  
Course Name and Number

If disapproved, briefly state the rationale for this decision:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

1st copy to Student;

2nd copy to Division Chair;

3rd copy to Counseling Office