Prerequisite/Corequisite Appeal Petition

SIERRA COLLEGE

Sierra College   Assessment Center   5000 Rocklin Rd. Rocklin, CA 95677   916-660-7430

Students may appeal a prerequisite or corequisite requirement in certain circumstances (see below). This form must be completed by the student and reviewed by the appropriate Division Dean (or designate) and then submitted to the Assessment Center for adjustment. Allow five (5) working days for this request to be processed by the Assessment Center.

Student Information

Name: _____ **Student ID #:** _____
    Last   First   MI

Phone Number: (_____)_____ **Email:** _____

May Sierra College leave a message with your results? ☐ Yes   ☐ No

Course Name (ex: Math 13): _____

I wish to appeal the prerequisite/corequisite of the above course for the following reason(s):

☐   SUBSTITUTE OR WAIVER If a prerequisite/corequisite for a course has not been offered for two consecutive semesters, students may petition to use a substitute course as the prerequisite/corequisite. If no suitable substitute is available, students may petition to have the prerequisite/corequisite waived.

☐   APPEAL BASED ON KNOWLEDGE OR SKILL – Students may appeal a prerequisite/corequisite because they feel that they have the knowledge or skills to succeed in the course despite not meeting the prerequisite/corequisite. Students will be required to document or demonstrate this knowledge or skill.

☐   COMPLAINT OF UNLAWFUL DISCRIMINATION – Students may appeal a prerequisite/corequisite if they feel it is being applied in a discriminatory manner. Explain below.

Explain your request in detail and attach additional pages or documentation as needed.

_____

_____

_____

_____

Student Signature: _____ **Date:** _____

☐ Approve
    ☐ Class not offered: ☐ Substitute Course: _____ ☐ Pre/corequisite waived

    ☐ Knowledge or Skill requirements met. See comments for details.

    ☐ Complaint of Unlawful Discrimination (copies sent to Division Dean/VP-EP&S/EEO Officer)

☐ Disapprove

Comments: _____

_____

Division Dean (or designee) Signature: _____ Date: _____

Consulting Instructor Signature (if needed): _____ Date: _____

White: A&R   Yellow: Dean   Pink: Student   AR:Prereq/CoreqAppealPetition.doc ld 10/3/12