



MATH PREREQUISITE CLEARANCE/CHALLENGE FORM

Student Name _____ ID Number _____ Phone # _____
 Email Address _____

DO YOU SEE YOUR CLASS OR AP SCORE ON THE PRE-APPROVED LIST OF NON-LRCCD MATH PREREQUISITES?

- YES? Complete the CLEARANCE information below and submit to Admissions and Records Office (Portable 48). Allow 1 to 2 business days for processing. You will be notified by email.
- NO? Complete the CHALLENGE information below (with attachments) and submit to the Science/Math Area Office located in SCI 501. Allow up to 5 business days for processing.

CLEARANCE: COMPLETE THE INFORMATION IN THE BOX BELOW.

In which CRC course(s) do you plan to enroll? (*Check any that apply*)

<input type="checkbox"/> MATH 30	<input type="checkbox"/> MATH 100	<input type="checkbox"/> MATH 101	<input type="checkbox"/> MATH 102	<input type="checkbox"/> MATH 110	<input type="checkbox"/> MATH 120	<input type="checkbox"/> MATH 125
<input type="checkbox"/> MATH 144	<input type="checkbox"/> MATH 300	<input type="checkbox"/> MATH 310	<input type="checkbox"/> MATH 315	<input type="checkbox"/> MATH 335	<input type="checkbox"/> MATH 341	<input type="checkbox"/> MATH 343
<input type="checkbox"/> MATH 344	<input type="checkbox"/> MATH 350	<input type="checkbox"/> MATH 351	<input type="checkbox"/> MATH 370	<input type="checkbox"/> MATH 400	<input type="checkbox"/> MATH 401	<input type="checkbox"/> MATH 402
<input type="checkbox"/> MATH 410	<input type="checkbox"/> MATH 420	<input type="checkbox"/> MATH 480	<input type="checkbox"/> MATH 483	<input type="checkbox"/> MATH 484	<input type="checkbox"/> STAT 300	

How are you meeting the prerequisite? (*Check one*)

Course information (on approved list) with grade of C- or better:

Name of Institution _____

Course Name/Number _____

High school transcript (For the geometry clearance for Math 310/Math 335)

Official/Unofficial AP, CAASPP (EAP) test score

CHALLENGE: ATTACH EVIDENCE SUPPORTING YOUR CHALLENGE.

Prerequisite or course requirement(s) I WISH TO CHALLENGE: _____ Prerequisite to _____

Institution Name: _____ Course Name/Number _____

Letter of explanation (**required**)

Unofficial transcript of college coursework (**required**)

Unofficial copy of AP Exam

Current copy of Los Rios Assessment results

Copy of course description (**required**)

Student Signature _____ Date _____

RESPONSE: _____ Granted _____ Denied _____ Signature _____ Date _____

Explanation: _____

Transfer Credit Posted Milestone Posted Request Denied/Not Processed Student Notified

Staff Verification (initials) _____ Date: _____