

Prerequisite and/or Corequisite

Office Use Only: Date Rec'd

Date

Date

To Chair, Acad. Dept.

_ To Dean, Counseling

Appeal Valid until grade earned

Appea 1.	 peal Procedure: Explore alternatives with a counselor. If you are a College Now! student appealing any MATH prerequisite/co-requisite, you must request a recommendation letter from your current high school math instructor, which includes an assessment of your ability to succeed in the requested course, and your current grade in the high school math class. 							
2.	Submit completed appeal form and required supporting documentation to the Office of the Dean, Student Services, Building A, by the scheduled deadline. Refer to the academic calendar. You may request provisional admission into the course, pending the outcome of the appeal. If the appeal is denied, you will be administratively dropped from the course.							
3.	Notification: Students will be notified of the status of their appeal via their AHC email account only. The appeal review process takes up to 5 working days.							
			Н					
First Na	me	Last Name	Student ID#	Date Submitted				
			@my.ha	ancockcollege.edu				
AHC E	mail Account							
PREREQUISITE AND/OR COREQUISITE INFORMATION:								
Course	I wish to challenge	Co	ourse I wish to enter	Semester/Year				
	nts have the right to a at applies to you.	ppeal a prerequisite	and/or corequisite based on t	he following grounds. Check the				
I have documented knowledge and abilities to succeed in the course despite not meeting the prerequisite and/or corequisite (documentation required: e.g. transcript, verification of equivalent experience, writing sample for appeal of an English course).								
	□ The prerequisite and		has not been made reasonably ava					
	The prerequisite and/or corequisite is discriminatory or is being applied in a discriminatory manner (documentation required).							

Other (Specify): ____

In the space below, provide information that you believe makes you eligible to take the desired course without meeting the requirement. Be sure to attach any supporting documentation to support your appeal. You are required to meet with an **Allan Hancock College counselor.**

Student Statement:

I acknowledge that Allan Hancock College has determined that the prerequisite and/or corequisite in question is necessary for my educational success. If this appeal is approved, I am taking personal responsibility for succeeding.

Student Signature

Nondiscrimination Statement: The Allan Hancock Joint Community College District is committed to the active promotion of diversity and equal access and opportunities to all staff, students, and applicants, including qualified members of underrepresented/protected groups. The college assures that no person shall be discriminated against regardless of race, color, ancestry, religion, gender, national origin, age, physical/mental disability, medical condition, status as a Vietnam-era veteran, marital status, or sexual orientation.

Allan Hancock Counselor Recommendation							
		Recommend		Not Recommend			
Comments:							
Allan Hancock Counselor Signature				Date			
Chair, Academic Department Recommendation							
		Recommend		Not Recommend			
Comments:							

Chair, Academic Department's Signature *Signature Indicates Consultation with Discipline Faculty	Date

Dean of Student Services Decision						
		Approve		Deny		
Comments:						
Dean, Student Services Signature					Date	
Provisional Granted Date	Adminis	strative Drop	Date		Student Notification Date	