



CHALLENGE PETITION FOR Prerequisite or Corequisite

Student Name:

SID:

Phone:

Email:

Term: Fall Spring Summer

Year:

Course ID
(e.g., PHSO R101)

Course Title
(e.g., Human Physiology)

Units

Challenged Prerequisite or Corequisite

Student documentation is required (e.g., letter from previous institution, written documentation of technical training, detailed information on job experience, etc.).

Identify one of the following reasons for challenging the prerequisite or corequisite:

- 1. As a student, I will be subject to undue delay in attaining the goal of my educational plan because the prerequisite or corequisite course has not been made reasonably available. College must attach factual history of course availability by term for the past two (2) years.
- 2. The prerequisite or corequisite is not valid because it is not necessary for success in the course for which it is required. That is, it was established in violation of regulation or district-approved processes.
- 3. The prerequisite or corequisite is unlawfully discriminatory or is being applied in an unlawful discriminatory manner.
- 4. As a student, I have the knowledge, skills, and ability to succeed in the course despite not meeting the prerequisite or corequisite.

Provide a written explanation and justify with supporting documentation.

I acknowledge that Oxnard College has determined that the prerequisite, corequisite, and/or appropriate placement is necessary for success in the selected course, and should I be permitted to continue my enrollment without it, I will take complete responsibility for successful course completion.

Student Signature

Date

INSTRUCTOR:

I acknowledge that I have reviewed the documentation/ evidence provided, and can verify that based on reasons 1, 2, 3 and/ or 4 (the student has sufficient knowledge, skills, and ability of the challenged prerequisite or corequisite course to succeed in the course requiring said prerequisite or corequisite) that the student is able or not able to be admitted to the course requested.

Instructor Name

Signature

Date

Approved Denied

REVIEWED BY:

Discipline Department Chair Name

Signature

Date

*Counselor or
Counseling Services Specialist Name*

Signature

Date

Date Entered in BANNER