



San Diego Community College District
Proof of Prerequisite/Co-requisite

City Mesa Miramar Spring Summer Fall Year: _____

Student Name: _____ Date: _____
(PRINT) Last First MI

Student ID Number: _____ Birth Date: _____

E-mail: _____ Telephone: (_____) _____

Desired Course: _____ Prereq/Coreq: _____

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_____ **Equivalency/Unofficial Documentation:** I understand it is my responsibility to send official transcripts to the San Diego Community College District documenting completion of the above course. **Please attach copy of documentation.**
Initial

Prerequisite clearance does not mean this course is equivalent for graduation purposes.

See the evaluations website at: <http://sdccd.edu/students/evaluations/>

OFFICIAL USE ONLY

Documentation of Prerequisite/co-requisite: Transcript Other: _____

College/High School: _____

Subject/Course: _____ Semester/Year: _____ Grade: _____

Approved by: _____ Signature: _____ Date: _____
(PRINT)

Received by: _____ Initials: _____ Date: _____
(PRINT)