

# HARTNELL COLLEGE PREREQUISITE CHALLENGE FORM

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Phone: \_\_\_\_\_

**(DOCUMENTATION MUST BE ATTACHED TO THIS PETITION)**

It is the responsibility of the student to provide compelling evidence to support the Challenge.

I wish to enroll in: COURSE: <u>EMT-53</u> SECTION #: _____ TERM: _____	I wish to challenge prerequisite:  <u>HES-120</u>
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## PREREQUISITE CHALLENGE PROCEDURES




Check the box that applies to you:

- 1. **Challenging the prerequisite on the grounds that it was established in violation of regulation or in violation of the District approved processes** (*student statement and appropriate documentation required*).  
I understand that I must submit the petition to the Division Dean or designee.  
*Students wishing to appeal the decision of the Dean, may do so by meeting with the Vice President of Academic Affairs or designee.*
- 2. **Challenging the prerequisite on the grounds that it has not been made reasonably available (at least once a year)**.  
I understand that I must submit the petition to the Division Dean or designee.  
*Students wishing to appeal the decision of the Dean, may do so by meeting with the Vice President of Academic Affairs or designee.*
- 3. **The prerequisite is discriminatory or applied in a discriminatory manner** (*student documentation required*).  
I understand that I must submit documentary evidence to the Division Dean or designee.  
*Students wishing to appeal the decision of the Dean, may do so by meeting with the Vice President of Academic Affairs or designee.*
- 4. **Challenging the prerequisite based on my knowledge or ability to succeed in the course despite not meeting the prerequisite** (*student documentation required, e.g., work experience, self-study*).  
I understand that I must seek approval from a **full-time faculty member(s)** to evaluate the documentation. (If the discipline of the prerequisite differs from the discipline of the requisite course I wish to enroll, two signatures are required by two separate **full-time faculty members**.)

**Counselor Notes (Not Required):**

I acknowledge that Hartnell College has determined that this prerequisite is necessary for success in the course and that I am taking personal responsibility for succeeding without this prerequisite. Upon approval of this Challenge Form, I may enroll in the class by presenting this form to the Admissions & Records Office by the registration deadline. If this challenge is not approved, I understand that I may not enroll in this course.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

An appropriate instructor has evaluated the attached documentation. <b>The following is recommended:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	 Prerequisite Full-time Faculty Signature _____ Date _____
An appropriate instructor has evaluated the attached documentation. <b>The following is recommended:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	 Requisite Full-time Faculty Signature _____ Date _____
Division Dean or designee has consulted with the instructor. <b>The following is recommended:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	 Dean or designee Signature _____ Date <u>4/5/2021</u>

Received by A&R: \_\_\_\_\_ Challenged Posted by: \_\_\_\_\_ Date: \_\_\_\_\_