Fullerton College Prerequisite Equivalency Evaluation Form

Office Use Only:	Term(check one):		
Date:	Fall		
	Spring		
Initial	Summer		

STUDENT: Complete boxes A, B, and C and attach any supporting documents and/or course descriptions.

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A.	Nam	e:	First	MI	SS#:		FC ID: @	
Oth	er na	ames on trans	cripts:				_ Date of Birth:	
Pho	one:	()	Last		rst Email:	MI		
	* * * *	(course description TRANSCRIPTS/D Please allow a min You may check the "Registration Perm NO PERSONAL II This form is to be education certificated Courses completed relevant course description in the property of the proper	nits and Overrides." If the NFORMATION CAN BE I used for prerequisite cle tion).	NOT ATTACHED A NOT ATTACHED A ys for the processing by logging onto me prerequisite equiva RELEASED OVER carance only, and is	versities/college ND/OR THIS FO g of this form. yGateway; under alency is denied THE PHONE. s not a part of you	s. YOUR PETIT DRM IS INCOMP r Registration To you will be notificated academic evaluation.	PLETE. pols, click Registration State fied by email. aluation (i.e. for certificate	
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		This	form is to be used	when you belie	ve a course t	aken at anoti	her college or unive	reitv

This form is to be used when you believe a course taken at another college or university meets the prerequisite for a Fullerton College course in which you wish to enroll.

				(GRAY)	AREA BELOW FOR OFFICE USI	E ONLY)
What course do you want to take at FC?	What is the FC prerequisite?	What is the name and number of the course you are using to meet the prerequisite?	Term and year completed?	Evaluation Outcome	Reason for Denial	Date
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