PREREQUISITE VALIDATION REGISTRATION FORM

Only use this form if you have taken the prerequisite at another school and passed it with a "C" or better or you have taken an assessment test at another school. An unofficial transcript is acceptable.

Fax form and transcript/assessment scores to 760-252-6754, Attention: Counseling
Or scan and email to bcounselor@barstow.edu

Step 1 ☐ Fall _____ ☐ Spring _____ ☐ Summer _____

STUDENT NAME _____ SSN _____
Last First MI

EMAIL _____ PHONE NUMBER_____

COPY OF TRANSCRIPT FROM SCHOOL WHERE CLASS WAS TAKEN OR COPY OF ASSESSMENT TEST SCORES MUST BE ATTACHED

Step 2 **Course Information**

Enter the information for the course you wish to be eligible to register in.

CRN_____ UNITS_____ COURSE TITLE_____

Step 3 **Registration**

Your prerequisite will be cleared within 48 hours and you will be able to register online by visiting www.barstow.edu and selecting Step 2.

You will be notified ONLY if there is a problem with clearing your prerequisite.

FOR COUNSELOR USE ONLY

Is this is a DSPS student ☐ Yes ☐ No

Student has met the prerequisite for Course Title_____

The prerequisite for this course is _____

This prerequisite has been met in the following manner:

Prerequisite course or equivalent: Course Title_____

Institution at which prerequisite was taken: _____

Test Scores: ACT Compass _____ Accuplacer _____ MDTP _____ CTEP_____

Counselor Signature _____ Date_____