



Prerequisite Validation Form

Only complete this form if you require prerequisite clearance based on -

- I. Prerequisite completed at another institution (attach copy of unofficial transcript)
- II. Assessment Test results (attach copy of assessment test results)
- III. Multiple Measures as assessed by a counselor
- IV. Instructor recommendation

This form and necessary documentation should be submitted to Admissions and Records. It may be emailed to admissions@barstow.edu.

Fall
 Spring
 Summer
 Year: _____

| Section I – Student’s Personal Information | |
|--|------|
| B Number | Name |
| Email Address | |

| Section II – Course Information Requiring Prerequisite Clearance | | | |
|--|---------|---------------|--------------|
| Complete this section if you are attempting to clear a prerequisite for a specific course. | | | |
| CRN | Subject | Course Number | Course Title |

| Section III – Clear Prerequisite based on prior coursework |
|--|
| You must attach a copy of the unofficial transcript from the prior school attended |

| Section IV – Clear Prerequisite based on assessment test scores |
|--|
| I am requesting that assessment test scores be added to my BCC record <input type="checkbox"/> Yes <input type="checkbox"/> No |
| You must attach a copy of the assessment test scores |

| Section V – Clear Prerequisite based on Counselor Recommendation |
|--|
| Comments: |
| Counselor Signature: _____ Date: _____ |

| Section VI – Clear Prerequisite based on Instructor Recommendation |
|--|
| Comments: |
| Instructor Signature: _____ Date: _____ |

| Section VII – Office Use Only | | | |
|---------------------------------|--|-----------------------------------|------------------------------|
| Date form received | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Assessment scores entered by/date | Prerequisite cleared by/date |
| Email notification sent by/date | Comments | | |