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## PASADENACITY COLLEGE PREREQUISITE/COREQUISITE ENROLLMENT LIMITATION CHALLENGE FORM

Last Name		First Nam	e		M.I.	PCC ID#
Street Address	ress Phone Number					
City	State	Zip Code	E-mail			
		INS	TRUCTIONS			
<ul> <li>See a counselor or advisor first. prerequisite will be immediately of Under Title 5 regulations, you must documentation.</li> <li>Any challenge form received with Challenges received prior to the ficlass if space is available. Challenge the class.</li> <li>All challenges will be reviewed with Turn this form in to Counseling at Prerequisite/corequisite or enroller challenging:</li> </ul>	leared. ust show thout d rst day o jes receivithin five nd Stud	ocumentation of instruction ived after classive (5) working lent Success S	s exist for this change of the condition	llenge. Please attac Illy be denied. Illy cleared so that y	h suppor vou may r vior to you	ting egister for the ur enrollment in
	G	ROUNDS FO	R THIS CHALLEN	GE		
• I have the knowledge or abi corequisite. (You must attach	•			•	ing the pr	erequisite/
• I will be subject to undue de been made reasonably availa	•		_		isite/core	quisite has not
Student signature:					 Date	
	RES	SPONSE TO C	HALLENGE (Offic	e Only)		
Petition Approved		☐ Petition □	enied (You will be a	dministratively dropp	ed from the	e challenged class)
Comments:						
Dean's Signature:				Date F	rereq. Ent	ered:
Your copy will be mailed to you or you i	пау сот	e to the Office o	f the Associate Dean	of Counseling, L104, t	o receive y	our copy.

WHITE: File YELLOW: Student COU246 2/08