A&R Staff Initials / Date:	
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## Sacramento City College engcw, engwr, enged, math, and stat prerequisite equivalency form

INSTRUCTIONS This form is used for clearing prerequ	icitos using ovtornal cr	adits Plaasa sar	maloto a conarato f	form for each proroquicit	
This form is used for clearing prefequ	isites using external cr	euits. <u>Piease coi</u>	impiete a separate i	orni for each prefequisit	
Student ID:		Phone: ()			
Student Name:			Email:		
Semester	Year				
☐ Fall ☐ Spring ☐ Summer					
I WANT TO ENROLL IN THE FOLLOW	'ING SCC COURSE:	THE SCC P	REREQUISITE FOR	THIS COURSE IS:	
Course Name / Number (STAT	300)	C	Course Name / Number (N	1ATH 120)	
<b>**Note:</b> Students who have completed or are District will have the ability to enroll in the nex			site course within the Lo	os Rios Community College	
I HAVE COMPLETED AN EQUIVALEN	T COURSE TO THE SCO	PREREQUISITE	:		
College/University			Semester	/Year	
Course Name		Ur	nits Grade "C	" or better	
PLEASE SELECT ONE					
☐ Official Transcripts on file at the A	Admissions and Record	ls Office			
			uill not be retained		
☐ Unofficial Transcript attached (I u	inderstand that Onom	ciai Transcript w	viii not be retained,	).	
STUDENT SIGNATURE			DATE		
OFFICE USE ONLY					
☐ The prerequisite course is on the	<b>LRCCD External Equiv</b>	alency List:			
$\square$ Official Transcript received by A&R	not in OnBase (pending	evaluation)	☐Course Descrip	tion Attached	
☐ Official Transcript verified in OnBase	9		☐ Milestone Crea	ated	
☐ Unofficial Transcript received ( <b>Unof</b>	ficial Transcript will not	: be retained)	☐ Transfer Credit	Posted	
Evaluator Signature	Date				
☐ The prerequisite course is NOT or	the LRCCD External (	Equivalency List	:		
Provide the course description from the colle		•			
Please allow 5 working days for processing					
Арр	roved	Denied			
Faculty Signature	 Date	Faculty/Do	ean Signature	Date	