CR COLLEGE OF THE REDWOODS

Request To Clear Prerequisite

Full Legal Name _____   **CR ID#** _____

Phone / Student Email _____   Date of Birth _____

Submit this form if you believe to have met the prerequisite(s) at a different institution.
Notifications are sent to student Email accounts within 1 business week of submission.

Unofficial or Official Transcripts Are REQUIRED

Course I wish to register in _____

Transcripts to be evaluated
(i.e. Name of college, AP, high school, etc.) _____ ☐ Attached   ☐ On File

Prerequisite(s) to be evaluated   Course _____   Semester _____   Year _____

Course _____   Semester _____   Year _____

Student's Signature _____   *Date* _____

OFFICIAL USE ONLY

☐ Approved   ☐ Denied

Comments:

Evaluator's Signature _____   *Date* _____