

|              |               |               |               |
|--------------|---------------|---------------|---------------|
| Course Term: |               |               |               |
| Fall: _____  | Spring: _____ | Winter: _____ | Summer: _____ |

Assessment Center: Student Support Center, D3-1  
 Prerequisite and Co-requisite Clearance Form  
 Email at [assessment@lattc.edu](mailto:assessment@lattc.edu)

**Name:** \_\_\_\_\_  
Last First Middle Initial

**Student I.D. #:** \_\_\_\_\_ **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Email:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Directions to Students:** Please attach your official placement results (if taken outside of the Los Angeles Community College District), or official transcripts, or an unofficial copy of transcripts (with the receipt that the transcripts have been ordered to LATTC). **Original documents will not be returned.** You will be notified once your request has been processed (within 10 business days). **Please note, you do not have to submit official transcripts if you have taken courses or placements within LACCD, unless indicated to submit.**

I have met the prerequisite(s) or co-requisite(s) (with a grade of “C” or higher) for the course(s) listed below by completing the equivalent prerequisite(s) course(s), higher course(s) or placement exam.

**Required Documents (Check one):**

- Official Transcripts or Official Placements **OR**  Unofficial Transcripts and receipt of official transcript order  
 (Send to LATTC Admission and Records)

**Additional Documents Required for Departmental Clearance for out of state schools/private schools/courses not on file:**

Course Description                      **AND**                      Course Sequence / Graduation Plan

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

-----PLEASE PROVIDE COURSE INFORMATION-----

| LATTC Course | LATTC Pre-requisite(s) | Name and Number of Equivalent course taken and name of College/University |
|--------------|------------------------|---|
|              |                        |   |
|              |                        |   |
|              |                        |   |

-----OFFICE USE ONLY-----

| <u>Department Use Only</u>   | <u>Assessment Center Use Only</u>  |
|--|--|
| <b>Print Name/Title:</b> _____   | <b>Print Name:</b> _____ <b>Date:</b> _____  |
| <b>Signature:</b> _____  | <b>Assessment Contact Credit:</b> _____ <b>Date:</b> _____   |
| <b>Date:</b> _____   | <b>Database:</b> _____ <b>Date:</b> _____  |
| <b>Department:</b> _____   | <b>Student Contact via:</b> <input type="checkbox"/> phone or <input type="checkbox"/> email or <input type="checkbox"/> in person |
| <p><b>Approved</b>                <b>or</b>                <b>Denied</b></p> | <b>Initial:</b> _____ <b>Date:</b> _____   |
| <b>Comments:</b><br>_____<br>_____<br>_____                                  |  |