



## PREREQUISITE VERIFICATION

**PRIOR TO REGISTERING**, THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE MPC COUNSELING DEPARTMENT IN THE STUDENT SERVICES BUILDING

***Evidence (transcript/report card) of having met course prerequisite(s) for each course must be attached to this completed form. If prerequisite was completed at MPC before fall 1995, submit completed form to the Counseling Department.***

IF THE PREREQUISITE VERIFICATION IS DENIED, A COPY OF THIS FORM WILL BE MAILED TO YOU.

### **TO BE COMPLETED BY STUDENT (PLEASE PRINT):**

Name: \_\_\_\_\_ ID# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First MI

Other Names: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Course(s) in which I wish to enroll: \_\_\_\_\_ MPC prerequisite course(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Check the item(s) that verifies completion of prerequisite course:**

\_\_\_\_\_ **\*High School Transcript** \_\_\_\_\_ Advanced Placement  
\_\_\_\_\_ MPC Transcript \_\_\_\_\_ CPR Card  
\_\_\_\_\_ Other College Transcript \_\_\_\_\_ CLEP  
\_\_\_\_\_ Received BA or Higher Degree \_\_\_\_\_ Other (speciify) \_\_\_\_\_

**\* can be used to verify eligibility for Chem 1A and Chem 2 only**

### **TO BE COMPLETED BY MPC COUNSELING STAFF ENTERED INTO THE SYSTEM**

\_\_\_\_\_  
Staff Signature Date