

PREREQUISITE VERIFICATION

PRIOR TO REGISTERING, THIS FORM MUST BE COMPLETED AND SUBMITTED ALONG WITH SUPPORTING DOCUMENTATION TO THE MPC COUNSELING DEPARTMENT.

Prerequisite requests can be emailed to counseling@mpc.edu. Requests can also be submitted in person, by mail, or via fax.

If a prerequisite course is **in progress at another institution**, it cannot be used for prerequisite verification until a **final grade** is earned and **appears** on an unofficial transcript.

You will be notified via email or phone when the prerequisite request has been processed. Prerequisite requests are usually processed within 1-2 business days.

Name: _____ ID# _____ / _____ / _____
Last First MI

Address: _____
Street City State Zip

Phone number: () _____ E-mail: _____

MPC Course(s) in which I wish to enroll: _____ _____ _____	MPC prerequisite course(s): _____ _____ _____
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Check the document(s) attached that verifies completion of the prerequisite:

- | | |
|---------------------|---|
| _____ AP Exam Score | _____ High School Transcript |
| _____ CLEP Exam | _____ MPC Transcript (pre-Fall 1995) |
| _____ EAP/SBA Exam | _____ Other College Transcript
Name of College _____ |
| _____ EPT/ELM Exam | _____ Other (specify) _____ |
| _____ IB Exam | |

APPROVED AND SIGNED BY THE MPC COUNSELING DEPARTMENT

Staff Signature

Date _____