

## 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](mailto:counseling@mpc.edu). Requests can also be submitted 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
_____ EPT/ELM Exam	Name of College _____
_____ IB Exam	_____ Other (specify) _____

APPROVED AND SIGNED BY THE MPC COUNSELING DEPARTMENT

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

Date \_\_\_\_\_