

COURSE PREREQUISITE EQUIVALENCY FORM

D I R E C T I O N S T O S T U D E N T S

All courses with prerequisites and co-requisites are subject to computerized checking. When registering for courses, WebSMART searches the San Mateo County Community College District student database to determine course eligibility. Complete this Course Prerequisite Equivalency Form if you have completed an equivalent prerequisite course outside of the San Mateo County Community College District.

- Complete a petition for **EACH** course for which you seek equivalency.
- Attach a copy of your transcript (it may be unofficial but must include your name, college/university's name, course units and grades). **Grades of C- or lower are not accepted.**
- Attach a catalog course description of the course you are using as the equivalent.
- Submit the information no later than the Friday prior to the last date to add semester length classes.
- **Note:** Foreign transcripts evaluations (and foreign transcripts) are not used for Math and English eligibility.

Submit your **COMPLETED** request with **ALL REQUIRED DOCUMENTATION** in any of the following ways:

IN-PERSON: CSM Assessment Services, Bldg 10, Rm 370 (College Center, Third Floor)
MAIL: 1700 West Hillsdale Blvd., San Mateo, CA 94402
EMAIL: csmprereq@smccd.edu
FAX: 650-574-6587

Submit completed request **ONLY ONCE** as multiple submissions delay your response. Your request is our priority but due to high demand during certain times of the year, it may take up to seven working days for a request to be processed. **Incomplete forms are denied.**

Name: _____ CSM G#: _____ Date: _____
Last name First name

Email: _____ Telephone: (____) _____

I want to enroll in this course: _____
List CSM course name and number (example: Statistics MATH 200)

The prerequisite(s) for this course is: _____
List CSM course prerequisite name and number (example: Intermediate Algebra MATH 120)

I have successfully completed the course listed below and believe it equivalent to the prerequisite course.

Course name and number	Completed at what college/university	Course units and grade
_____	_____	_____
Course name and number	Completed at what college/university	Course units and grade
_____	_____	_____

Questions? Visit www.collegeofsanmateo.edu/prerequisites or call 650-574-6187.

Results of your request will be emailed to you.

If you plan to complete a certificate, associated degree, CSUGE and/or IGETC certification at College of San Mateo, request an official evaluation of all transcripts outside of the San Mateo County Community College District.

Visit <http://smccd.edu/transeval/> for additional information.

Office use only:

____ Approved. You are approved to enroll in the course you requested.

____ Denied. You have not met the prerequisite to enroll in _____

Comments: _____

Staff or Faculty review completed by: _____ Date: _____