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PREREQUISITE VERIFICATION

PRIOR TO REGISTER, 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 _____ MPC EPT _____ Advanced Placement _____ Other
- _____ MPC Transcript _____ MPC ESL _____ CLEP
- _____ Other College Transcript _____ ACT _____ CPR Card
- _____ Received BA or Higher Degree _____ SAT _____ Vocational Certification

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

Staff Signature Date