

APPENDIX B

STUDENT REQUEST FOR REQUISITE APPROVAL FORM

Student Name: _____

Student SIS ID: _____

Student VCCS Email Address: _____

Phone Number: _____

Address (street, city, state, ZIP code):

Signature _____ Date: _____

Instructions: A separate form must be completed for each course for which you request requisite approval. Each form must be submitted to the appropriate campus academic dean who has the responsibility for the course for which you request requisite approval. If you have not been contacted by the dean within five working days after submitting this form, you may return to the dean's office to obtain the decision. The last day to submit a request for requisite approval is ten working days before classes start in the following semester/session.

Course for which you seek enrollment (include course title and number):

Requisite(s) for above course (include course title(s) and number(s)):

Rationale

Provide a narrative justifying your reasons for requisite approval. Attach documented proof including relevant transcripts, training experience, work experience, or other relevant material to support your request. In all cases, it is the responsibility of the student to provide compelling evidence (documentation) to support the waiver.

Approval requests are reviewed by the academic dean, generally in consultation with a full-time faculty member in the discipline. The decision of the dean is final.

Approved:

Not Approved:

Explanation if not approved:

Academic Dean's Name: _____

Dean's Signature: _____ Date: _____