# CIS PREREQUISTE CLEARANCE REQUEST FORM FOR COURSES IN COMPUTER SCIENCE

|  |  |
| --- | --- |
| **Today’s Date:** | Please Select Today’s Date |
| **Student ID:** | Please Enter Your Student ID Number |
| **Last Name:** | Please Enter Your Last Name |
| **First Name:** | Please Enter Your First Name |
| **Phone:** | Please Enter Your Phone Number |
| **Email:** | Please Enter Your Email |
| **Quarter:** | Quarter You Wish To Take The Class |
| **Year:** | Year You Wish To Take the Class |
| **Course(s) you would like to enroll in:** | Course(s)You Require Clearance to enroll in |

**Please provide either 1) information and transcript or AP score sheet for equivalent course or 2) Job experience and contact information**

|  |  |
| --- | --- |
| **Equivalent Course** |  |
| **Name of institution where you completed equivalent course:** | Name of Institution |
| **Name of course that you believe to be equivalent to the prerequisite that you are asking to be cleared:**  Note that if using a high school level course then you must have received a score of 4 or 5 on AP Computer Science exam. | Click here to enter name of course. |
| **Link to syllabus:**  Note that you may also send syllabus as an attachment | Copy and paste link to syllabus |

|  |  |
| --- | --- |
| **Job Experience** | |
| **Name of company:** | Please Enter Name of Company |
| **Name of person you reported directed to:**  Note that this person will be contacted to verify that you evidenced the skills from the prerequisite course in carrying out your job responsibilities | Please Enter Name of Person you reported directly to |
| **First Name:** | Please Enter this person’s business email |
| **Phone:** | Please Enter Company Phone Number |

***Motto: the easier you make it for us to review your request, the quicker it will be decided.***