

## **Prerequisite Appeal Form**

Student Name:		ID#: Tel.No.:				
Local Address:						
	Street or	PO Box				
City	State	Zip	Email:			
City	State	Σip				
C	UM GPA on tran	ascript: (mi	n 3.0) If less than 3.	0, you can't ap	peal	
1st Course Reques	sted	2 <sup>nd</sup>	2 <sup>nd</sup> Course Requested			
Briefly describe	the extenuating and	contributing circumstanc	es to justify the appeal:			
Please include gr	rades for the following	ng courses: *Attach a PDI	T copy of the most recen	t transcript.		
Design 1	Design 2	Design 3	Design 4	CAD 1	SSci	
Alg/Trig	_ PreCalc	Physics	Intro Tech	CAD 2	NSci	
Structures 1	_ AfAm H	ENC 1101	ENC 1102	CAD 3	Hum	
Drawing	Theory 1	History 1	Orientation			
Committee Rec	commendation:A	ApproveDeny (Signatu	re & Date):			
Advisor:			Director:			
Signature		Date	Signature		Date	
Dean's Respon	se:					
I concur w	vith the committee's re	ecommendation I rev	verse the committee's rec	ommendation.		
	<u></u>					
	Dean's Signature			Date		