Prerequisite Clearance Request for Massage Therapy Program

Instructions: Follow steps 1-4 and submit at least two weeks before your registration date.

STEP 1 Student Information

NAME LAST: ______________________ FIRST: ______________________ MIDDLE: ____________
DATE: ___________ QTR: __________ YEAR: _______ STUDENT ID: ______________________

STEP 2 Course Information
List De Anza course(s) for which you are requesting prerequisite clearance.
Example “PE54F, Chair Massage”

COURSE NO. ________________ TITLE ____________________________

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Step 3 Proof of Prerequisite Coursework

Have you passed an Anatomy and Physiology class(s) at a college or university?
(please attach a copy of your official transcript)

What Massage Classes have you pass at De Anza and when ? (Please give details below)

Write a brief statement explaining the reasons why you believe you should be allowed to take this class out of sequence. Use the back of this page if you need more space to write.

Step 4 Submit for Review

Submit this request to the instructor of the class you would like to register for, if that instructor is not available please submit it to Dr. Jeffrey Forman, the Massage Therapy Program Coordinator PE 41-H with all background documentation at least 2 weeks prior to your registration.