# DMT PREREQUISTE CLEARANCE REQUEST FORM FOR COURSES IN COMPUTER SCIENCE

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| **Today’s Date:** | Please Select Today’s Date |
| **Student ID:** | Click here to enter CWID |
| **Last Name:** | Click here to enter Last Name |
| **First Name:** | Click here to enter First Name. |
| **Phone:** | Click here to enter phone number |
| **Email:** | Click here to enter email. |
| **Quarter:** | Click here to enter quarter. |
| **Year:** | Click here to enter year. |
| **Course(s)You Require Clearance to enroll in** | Click here to enter course number ie CIS 88 |

**Please provide either 1) information and transcript or AP score sheet for equivalent course or 2) Description if job experience**

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| **Equivalent Course** |  |
| **Name of institution where you completed equivalent course:** | Click here to enter 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 | Click here to enter text. |

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| **Job Experience** | |
| **Name of company:** | Click here to 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 | Click here to enter text. |
| **Enter Business Email Address:** | Click here to enter business email address of person |
| **Phone:** | Click here to enter text. |

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