

Prerequisite Screening Form

Minneapolis Community & Technical College

Minneapolis Community & Technical College uses course prerequisites in order to promote student success. Prerequisites and placement levels must be successfully completed prior to registering for a course.

Completed forms may be, emailed to waiverprerequisites@minneapolis.edu or mailed to 1501 Hennepin Avenue, Minneapolis, MN 55403

Check your e-services account. Your registration window must be open to be eligible to submit this form.

Step 1: Student Information

Star ID or MCTC ID : U Y 5 4 8 6 C F ☒ Fall ☐ Spring ☐ Summer Year 2019

Name (Print): ISMAEL MOHAMED (include any former names)

Email (Print): uy5486cf@go.minnstate.edu

Check one box:

- ☒ I do not have any transcripts from other colleges
☐ My college transcripts have already been evaluated by MCTC
☐ I have attached unofficial pdf transcripts (non-MnSCU) for prerequisite screening use ONLY

Step 2: Course Information—this information is in the online *class schedule*. Incomplete forms will not be processed.

♦ Example: Course ID: 000123	♦ Subject & Number: MATH 2200	♦ Section : 30
Lecture : 000335	ITEC 2950	80
Lab:		

List how you satisfy the prerequisites for this course(s). (Example: BIOL 1009 at the University of MN)

I satisfy the prerequisite of this course by completing all the needed courses and getting approval from my academic advisor

If an instructor *signature* is a prerequisite, the instructor signs here: _____

INSTRUCTOR'S PRINTED NAME AND CAMPUS PHONE EXTENSION: Mary Bock 612 659 6000 X

Step 3: Registration and Payment Information

By signing this form, I agree to have registration processed for the requested course(s) if approved, and to pay all tuition and fees. I am responsible for resolving any time conflicts that may occur as a result of registration into the requested courses. I understand that an unofficial transcript will only be used for prerequisite screening for the course listed above. It is my responsibility as a student to submit official transcripts for evaluation.

Signature Ismael Mohamed Date 08/24/19

Contact us if you have any questions about this form or process at waiverprerequisites@minneapolis.edu.

Staff use only

OVERRIDE / REGISTERED / DENIED Walk-in _____ Date _____ Student emailed _____ Date _____