

## REQUEST FOR PREREQUISITE EVALUATION

SSN / ID Number		Birth date		
Name				
Last	First		(Form	,
City, State, Zip Code	Pho	Phone		
Are you currently enrolle	d at Kishwaukee College 🗆	YES □ NO		
What semester are you ta	king this course at Kish? S	emester	Year	
Prerequisite	se will you take (that needs a taken at (what college/univere? Prerequisite	rsity?):		
	fter your transcript has been evanine if an evaluation has been co		ck online at Kis	hSOS in
Student Signature			Date	(07/15)