

# 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](mailto: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 : \_\_\_\_\_ ☐ Fall ☐ Spring ☐ Summer Year \_\_\_\_\_

Name (Print): \_\_\_\_\_ (include any former names)

Email (Print): \_\_\_\_\_

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 :		
Lab:		

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

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

INSTRUCTOR'S PRINTED NAME AND CAMPUS PHONE EXTENSION: \_\_\_\_\_ 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 \_\_\_\_\_ Date \_\_\_\_\_

Contact us if you have any questions about this form or process at [waiverprerequisites@minneapolis.edu](mailto:waiverprerequisites@minneapolis.edu).

### Staff use only

OVERRIDE / REGISTERED / DENIED Walk-in \_\_\_\_\_ Date \_\_\_\_\_ Student emailed \_\_\_\_\_ Date \_\_\_\_\_