Addendum: PREREQUISITE, COREQUISITE OR ADVISORY CONTENT REVIEW

Prerequisite

All courses: Content Review Validation

Provide evidence that skills and knowledge acquired in the proposed prerequisite course are necessary for student success in the course by completing the **Content Validation Table** below.

1. List the skills or knowledge contained in the prerequisite course. (These items should be incorporated into the learning objectives of this course).
2. List skills or knowledge necessary for students to succeed in the requisite course for which the Prerequisite is proposed.

Certified by:

Course Subject, Number, and Title:	Target Course Subject, Number, and Title:	
COLUMN 1: COURSE OBJECTIVES - EXIT SKILLS (List all exit skills, repeat if needed)	COLUMN 2: TARGET COURSE - ENTRY SKILLS (List all entry skills, repeat if needed)	Check box where match occurs or list the number(s) of the matching exit skills on the left
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Select the most appropriate basis for validation and provide the necessary documentation: (Mouse over ♦ for details.)

☐ Advisories/recommended prerequisites.♦
☐ Course within the same discipline. ♦
☐ Course outside of discipline closely related but not English or Math. ♦
☐ Required by a four year transfer institution. ♦
☐ Computation or Communication Skill courses outside of a discipline. ♦
☐ Health and Safety. ♦
☐ Imposed by law or contract. ♦
☐ Program prerequisites ♦
☐ Recency, GPA, and Other Measures of Readiness Prerequisites. ♦
☐ Placement based on skills assessment ♦

DISCIPLINE FACULTY HAVE REVIEWED THE PREREQUISITE/COREQUISITE AND TARGET COURSE SKILLS LISTED ABOVE AND HAVE DETERMINED THAT TAKING THE PREREQUISTE/COREQUISITE COURSE WILL PROVIDE CONCEPTS/SKILLS NECESSARY FOR SUCCESS IN THE TARGET COURSE. FOR ADVISORY

COURSES, THE DISCIPLINE FACULTY HAVE DETERMINED THAT TAKING THE ADVISORY COURSE WILL BROADEN AND/OR DEEPEN STUDENT LEARNING, BUT IS NOT REQUIRED FOR SUCCESS, IN THE TARGET COURSE. **Discipline Faculty:**

_____	_____		
Signature	Date		
_____	_____	_____	_____
Signature	Date	Department Chair	Date
_____	_____	_____	_____
Signature	**Date**	**Curriculum Committee Chair**	**Date**

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