Course Number and Title ____________________________________________________________

Recommended Requisite/Advisory ____________________________________________________

Check One:

___ Prerequisite: List course(s) or competency the student must complete/attain prior to enrolling.

___ Corequisite: List course in which the student must concurrently enroll or have previously completed.

___ Advisory: List recommended course, competency, or concurrent enrollment.

Skills/Knowledge/Competencies

Based on a careful review of the outlines and related materials for this course, LIST the course objectives from the course of study outline for the prerequisite or advisory course that are necessary for student success in this course.

Three required signatures of department/discipline faculty who have completed the content review.

If there are fewer than three faculty in the department, please indicate N/A (not applicable) on the appropriate number of signature lines above.
**Recommendation:** Based on this review:

_____Prerequisite/Corequisite: A student without these skills/knowledge/competencies is highly unlikely to receive a grade of “C” or higher in this course. This course should have the recommended *requisite* listed above.

_____Advisory: The skills/knowledge/competencies are useful but not crucial for student success. This course should have the *advisory* listed above.

The faculty of the department/discipline have completed this content review and request the Curriculum Advisory Committee adopt the recommendation checked above.

___________________________  ____________________________
Department Chair               Date

___________________________  ____________________________
Dean                           Date