



Memorandum

DATE: _____

TO: Ryan Lennon – Assessment Center

FROM: _____
(Instructor Name – **Printed**) (Department) (Phone/Extension)

SUBJECT: Prerequisite Clearance

RE: _____
(Student Name – Printed) (SWC I.D. #)

Target Course: _____ Prerequisite Course: _____
(Course Prefix & Number) (Course Prefix & Number)

His/her ability to succeed and/or skill level has been determined by:
(please circle below)

Keyboarding Test

Audition

Portfolio or Other Demonstration
of Skills/Subject Knowledge

Other: _____
(Print Clearly)

(Instructor – Signature)