



KISHWAUKEE COLLEGE  
ADMISSIONS, REGISTRATION AND RECORDS  
21193 MALTA ROAD  
MALTA, IL 60150-9699

**REQUEST FOR PREREQUISITE EVALUATION**

SSN / ID Number \_\_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle (Former)

Current Address \_\_\_\_\_ Apt. \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Are you currently enrolled at Kishwaukee College  YES  NO

What semester are you taking this course at Kish? Semester \_\_\_\_\_ Year \_\_\_\_\_

What Kish course will you take (that needs a prerequisite)? \_\_\_\_\_

Prerequisite taken at (what college/university?): \_\_\_\_\_

Other course? \_\_\_\_\_ Prerequisite taken at: \_\_\_\_\_

You may check with the Admissions, Registration, and Records Office or check online at Kish SOS in "My Application" to determine if an evaluation has been completed.

Student Signature \_\_\_\_\_ Date (03/08)