

**Los Angeles Mission College
Request For Advanced-Course Status**

Department: _____

Department Chair: _____
(name)

(signature) (date)

Course Title and Number	Prerequisite Courses	Prerequisites Validation or Validation Renewal Date
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Approved:

Curriculum Chair	_____ (signature)	_____ (date)
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Academic Senate President	_____ (signature)	_____ (date)
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AFT Chapter President	_____ (signature)	_____ (date)
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