



City College of San Francisco MATRICULATION EXEMPTION FORM

Student's Name _____ Student I.D. # _____

Telephone Number (____) _____ Date of Birth _____

Submit this form to: Admissions & Records Office, Conlan Hall Room 107
50 Phelan Avenue, San Francisco, CA 94112 (415)239-3286

COMPLETE THIS FORM ONLY IF YOU DO NOT INTEND TO PARTICIPATE IN THE MATRICULATION PROCESS

Although your chances for success at CCSF are greater if you participate in all of the matriculation components (Assessment, Orientation, and Counseling), you may exempt from any or all of them if you meet the criteria listed below. Any student exempted from these components still has the option of receiving these services.

NOTE: Exempted students are still required to meet all program and course prerequisites. Consult the CCSF Catalog or Class Schedule.

I am requesting exemption because: (Check one)

- I have already earned an A.A./A.S. degree or higher (U.S. accredited college/university only)
- I do not intend to do any of the following:
 - ever enroll in more than 9 units of courses at CCSF
 - enroll in any Math, English or ESL courses
 - enroll in any courses with Math, English or ESL prerequisites
 - earn a CCSF degree or certificate or transfer to a university
- I am a matriculating student at _____ College/University, I do not intend to ever enroll in more than 9 units at CCSF, and I meet the prerequisites for the following CCSF courses that I intend to take. List courses you plan to take: _____

I am requesting exemption from: (Check all that apply)

- ASSESSMENT:** Placement Testing of Math and English/ESL skills. *NOTE: You may be eligible for certain English, Math, and Science courses through standardized tests or college coursework you have completed. See English and Math Placement Test Waiver Form.*
- ORIENTATION:** Information session about registering for classes at CCSF, instructional programs and support services available to new students. Explanation of test results.
- COUNSELING:** Advisement on course selection and completion of initial Educational Plan

Student Signature

Date

FOR OFFICE USE ONLY:

Approved By: _____

Date _____