



CITY COLLEGE OF SAN FRANCISCO
 Office of Matriculation and Assessment, 50 Phelan Ave, Conlan Hall, Room 204
 San Francisco, CA 94112

**(SSSP) Student Success and Support Services
 EXEMPTION FORM**

Submit this form to the Office of Matriculation and Assessment in person or by mail, fax or email.

Telephone: (415) 239-3751 Fax: (415) 452-5127 E-Mail: prereq@ccsf.edu

Student Name: _____ Student I.D. #: _____

Telephone Number: (____) _____ - _____ Date of Birth: _____

COMPLETE THIS FORM IF YOU DO NOT INTEND TO PARTICIPATE IN ASSESSMENT, ORIENTATION AND/OR EDUCATIONAL PLANNING (COUNSELING).

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

****CAUTION: Students who exempt from Assessment, Orientation, or Education Planning/ Counseling will not obtain course enrollment priority.**

I am requesting exemption because: (Check one)

- I have already earned an A.A./A.S. degree or higher (at a U.S. accredited college or university)
- My educational goals **do not include**:
 - transfer to a college or university
 - attainment of certificate, degree or basic skills (i.e., math, English, ESL)
 - career development
- I am only enrolling in courses mandated by industry or licensure standards

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

- ORIENTATION**: informational session about course placement, instructional programs, support services, and registering for classes.
- ASSESSMENT**: Evaluates your current Math and English/ESL skill levels.
Note: Students who exempt from Assessment are still required to meet all program and course prerequisites. You may be eligible for certain English and/or Math courses through standardized tests or courses from other colleges. (See English and Math Placement Testing Waiver Form.)
- EDUCATIONAL PLANNING**: Counselor advisement on course selection and completion of an Initial Educational Plan.

Student Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Approved By: _____

Date: _____