



CITY COLLEGE OF SAN FRANCISCO
 Office of Matriculation and Assessment,
 50 Frida Kahlo Way, Conlan Hall, Room 203 San Francisco CA 94112

**Student Equity and Achievement Program
 EXEMPTION FORM**

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

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

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

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

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

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 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 Counseling will not obtain course registration 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.
- COUNSELING:** Counselor recommendation on course selection and completion of an Initial Educational Plan.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY: Approved By: _____ Date: _____