

DESERT COMMUNITY COLLEGE DISTRICT Matriculation Exemption/Waiver Request

Student Name (Please Print First and Last Name)

Student ID Number

THIS REQUEST FOR EXEMPTION/WAIVER IS BASED ON THE FOLLOWING CRITERIA:

	Assessment	Orientation	Counseling/ Advisement	
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have acquired an associate or baccalaureate degree or higher. Degree _____ Date Received _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have completed required competency courses in reading, writing or Math with a grade of "C" or higher at another accredited College or University.
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I will only enroll in performance courses, which have no prerequisite.
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am a member of a profession recognized by the college who needs to complete limited courses for certification or licensing.
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am a four-year college student attending the Desert Community College District during the summer session only.
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am an upper-division student concurrently enrolled at a four-year College and the Desert Community College District.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I waive my right to participate in the checked matriculation services and accept the responsibility for waiving these services.

I understand that I may participate in any one or all of these components at a later date. I certify that these statements are true and correct to the best of my knowledge.

Student Signature

Date

I certify that I have taken an approved assessment test at _____ College.

I certify that I have taken my assessment test at _____ College and I have the results and interpretation to present the Counseling Department.

For Office Use Only:

Check which campus

COD _____ EVC _____

Counselor/Employee Signature _____