

Matriculation Exemption Form

STUDENT INFORMATION

FIRST AND LAST NAME

M.I.

STUDENT ID #

DATE OF BIRTH

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PHONE NUMBER

EMAIL ADDRESS

STUDENT: PLEASE CHECK ALL THAT APPLY

I would like to be exempted from the Assessment, Orientation, and /or Education Plan required by Shasta College because:

I have earned an associate degree from an accredited U.S. college within the last three years. (Documentation required)

I have earned a bachelor's degree or higher from an accredited U.S. college. (Documentation required)

I am currently enrolled in a 4-year U.S. college. (Exemption for Orientation only—documentation will also be required)

I am enrolling in non-credit courses only.

I am enrolling exclusively in classes for relicensing or recertification.

If any of the following apply, please schedule an express appointment with a Shasta College counselor for clearance. Keep in mind that some of the options below may affect your financial aid eligibility:

I am attending Shasta College only for education development (personal enrichment).

I am attending Shasta College for an activity or performance class only (i.e. P.E., Drama, Chorus.)

I have completed an assessment and/or orientation at another college.

I have a documented disability that would exempt me.

*****Please keep in mind that documentation, such as unofficial transcripts from other colleges, may be required and must be submitted with this form, if applicable.**

By signing below, I declare under penalty of perjury that all information on this form is correct.

✗ Student Signature: _____ **Date:** _____

SUBMISSION INSTRUCTIONS

Please complete this form and submit it to Admissions and Records by email to:

admissions@shastacollege.edu

Or by mail to:

Admissions and Records Office

PO Box 496006

Redding, CA 96049-6006

HAVE QUESTIONS?

Please contact Admission and Records by email at:

admissions@shastacollege.edu

Or please call us at our direct line:

530-242-7650

Have Financial Aid questions? Email:

financialaid@shastacollege.edu

ADMISSIONS AND RECORDS STAFF ONLY

Staff Initials: _____ Date: _____ Exemption approved? Yes No

NCWS clearance entered: _____ Student Notified: