



# Matriculation Exemption Form

**SUBMIT EXEMPTION FORM TO COUNSELING OFFICE:**

Marysville Campus: Counseling office, Build. 100B,  
 Beale AFB Outreach: Base Education Center, room 117,  
 The Sutter Center: Student Services Counter.

DATE FORM SUBMITTED	Summer/Fall	Spring	YUBA COLLEGE ID#
FIRST NAME/LAST NAME	EMAIL ADDRESS		
MAILING ADDRESS	DAY PHONE		
CITY STATE ZIP	EVENING PHONE		

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

Although your chances for success at Yuba College are greater if you participate in all of the 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.

**NOTE: Students who exempt from Assessment, Orientation, or Educational Planning/Counseling will NOT obtain course enrollment priority. Please be careful. In some cases, course selection could affect your ability to receive financial aid.**

**I AM REQUESTING EXEMPTION BECAUSE: (CHECK ONE) (verification is required)**

- I have already earned an Associate's or Bachelor's degree or higher (at a US accredited college or university).
- I am concurrently enrolled in a 4-year US accredited university.
- I have completed at least 24 units at a US accredited college or university within the past three years.
- I am enrolling in non-credit courses only.
- I am enrolling exclusively in classes for relicensing or recertification.
- I am only enrolling in career development, self-improvement, or general interest courses.

**Once form is complete, please print and submit to the above listed locations or email completed form to: [yc-app.yccd.edu/student/counseling/contact\\_us](mailto:yc-app.yccd.edu/student/counseling/contact_us)**

_____ Student's Signature	_____ Date
_____ Counselor's Signature	_____ Date

PROCESSED: _____ Initials / Date	STUDENT NOTIFIED: _____ Date
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