



REQUEST TO WAIVE MATRICULATION SERVICES

Name: _____ SSN: _____

Phone: _____ Student ID: _____

Street Address: _____ Email: _____

City/State/Zip: _____

I understand that the California Community College Chancellor's Office has instituted matriculation services to benefit students in their pursuit of higher education goals. I understand that the matriculation services are meant to increase chances of success at Cabrillo College. As an informed Cabrillo student, I have the right to refuse these services. However, I AM REQUIRED TO FOLLOW ALL COURSE PRE AND CO-REQUISITES.

With this knowledge, I decline the services checked below:

PLACEMENT ASSESSMENT

ORIENTATION

EDUCATIONAL PLANNING/COUNSELING

FOLLOW-UP SUPPORT

I understand that I may elect to use any of the above services at any time in the future.

Student's Signature

Date

Cabrillo College 6500 Soquel Drive Aptos CA 95003