

REQUEST TO REVIEW PRIORITY REGISTRATION STATUS

NAME:	STUDENT ID NUMBER:	
PHONE:	E-MAIL:	PRIORITY NUMBER:

To **request exemption** from **orientation** and/or **assessment** complete appropriate sections below:
Note: Changes to your **priority registration status** will be effective for the **next** registration term.

A. I am requesting **EXEMPTION** from **ORIENTATION** because:

I have completed at least 15 semester units;	Total Units Completed:
AND I have completed a Student Ed Plan with a counselor;	Date of SEP:
AND I have an overall grade point average of 2.0 or higher.	
OR I have documented evidence of completion of orientation at another college.	

B. I am request **EXEMPTION** from **ASSESSMENT** because:

I have successfully completed English & Math courses.
Highest English course completed: _____ <small>[Indicate Course Number + Course Title]</small> Example: English 1A Reading and Composition Completed at: _____
Highest Math course completed: _____ <small>[Indicate Course Number + Course Title]</small> Example: Math 65 Elementary Algebra Completed at: _____
NOTE: If courses were not completed at Chabot or Las Positas are transcripts on file? <input type="checkbox"/> Yes <input type="checkbox"/> No

Student Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Matriculation components completed:

<input type="checkbox"/> Orientation	Date: _____
<input type="checkbox"/> Assessment	Date: _____
<input type="checkbox"/> Counseling	Date: _____
<input type="checkbox"/> Student Ed Plan	Date: _____

Action taken: _____ Reviewed by: _____