



Change Matriculation Status Form

Please fill in the required information in all four boxes and
fax to 949.582.4789 or drop off at SSC 225B

Student Information

Name: _____ Student ID # _____

Social Security or Date of Birth: _____ - _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Refusal Of Services

I refuse the process of Matriculation and waive my right to participate in the following services:

You must check at least one box

- | | |
|--|---|
| <input type="checkbox"/> Refuse all Matriculation Services (orientation, assessment, and group advisement) | <input type="checkbox"/> Refuse orientation only |
| <input type="checkbox"/> Refuse orientation and assessment | <input type="checkbox"/> Refuse group advisement only |
| <input type="checkbox"/> Refuse assessment only | |

Exemption Criteria

You will be exempt from the matriculation process if you meet any of the following criteria:

You must check one of the boxes

- | | |
|---|--|
| <input type="checkbox"/> You have a college degree of AA/AS or higher. | |
| <input type="checkbox"/> You have one of the following educational goals: | |
| A) Earn a vocational certificate without transfer | F) Advance in current job/career (update job skills) |
| B) Discover/Formulate career interests, plans, goals | G) Educational development (personal growth) |
| C) Prepare for a new career (acquire job skills) | H) Complete credits for HS diploma or GED |
| D) Maintain certificate or license | |
| E) 4-year college student taking courses to meet 4-year college requirements | |
| <input type="checkbox"/> You have completed 27 or more college units prior to applying to Saddleback College. | |

Student Responsibility

I understand that the matriculation process at Saddleback College is designed to help me succeed in reaching my educational goal. I may, at a later date, elect to participate in any of the matriculation services.

I release South Orange County Community College District from the obligation of providing the aforementioned matriculation services and hold SOCCCD blameless for the possibility of poor academic performance on my part.

I understand that it is my responsibility to clear all prerequisites before my registration period begins and this form does NOT waive or clear my prerequisites.

Student Signature Date

College Official Signature Date