

Form A
Long Beach City College
Student Success and Support Program/ Assessment Office
Assessment Exemption Form

7 KLV IRUHP GRDQDEOR DGHG DQIGRQRHP BOHWRISXEWHU LQVWUXFW
DYDLODEOH RQOLQH <RX PD\ VXEPLW \RXU FRPSOHWHG IR
2IILFH DW /\$& \$ RU 3&& // RU YLD HPDLO WR RSD#OEF
FRPSOHWHO\ ILOOHG RXW DQG VLJQHG HOHFWURQLF VLJQ
WKRSH RQOLQH RULHQWDWLRLQ SULRU WR VXEPLWWLQJ \RXU

Phone _____

Email address _____

I should be exempt from the Assessment requirement at Long Beach City College because (check all that apply):

- I have an associate degree from U.S. college
 , KDYH D EDFKHORUV GHJUHH RU KLJKHU IURP D 8 6 F
 , KDYH WDNHQ (QJOLVK 5HDGLQJ DQG 0DWK FODVVHV
EHWWHU DW DQRWKHU FROOHJH
 , DP 'HSOR\HG

Or, check one of the following exemptions:

PI H DR~~014~~: this may affect your ability to receive financial aid

- I am attending LBC to advance my current job/career (update job skills)
 , DP DWWHQGLQJ /% && IRU HGXFDWLRQDO GHYHORSPHQ
 , DP DWWHQGLQJ /% && IRU DFWLYLW\ RU SHUIRUPDQFH

I declare under penalty of perjury that all information in this form is correct.

Signature

Date

For Office Use Only:

Date completed	Staff Initials	Task
	X	Orientation completed
		Hold released
		T1111 credit
		T-Drive