

MATH ASSESSMENT WAIVER

Student Name (print): _____

S#: _____ Phone#: _____

Email: _____@student.ccd.edu

Note: Your official CCD email account is the only email CCD will accept for correspondence.

I, _____, S# _____, am making the decision to opt out of meeting the current assessment requirement for math placement at CCD. I am requesting to enroll in the appropriate, initial, college level math class as determined by my intended and/or declared program, major, and/or Advising Pathway. Should I fail to complete the course with a C or above, I take full responsibility for this decision, which will affect my ability to enroll in upper level math and/or science courses and, be taken into consideration, should I file for an academic or financial aid appeal.

Math Course Placement Requested:

(Initial, college level math only as determined by declared program, major, or Advising Pathway.)

Course Name: _____ Credit Hours: _____

Student Initials: _____ Advisor Initials: _____

Student Name (print): _____

Student Signature: _____ Date: _____

I met with the student, provided best advice and discussed impact related to continuing enrollment, academic standing, and completion of program requirements.

Advisor Name (print): _____

Advisor Signature: _____ Date: _____

This form can only be used to waive the math assessment requirement as it currently stands, and cannot be used to waive assessment for reading, English, and/or upper level course prerequisites.