

Form B
Long Beach City College
Student Success and Support Program/Assessment Office
One Semester Waiver of Assessment

Complete this form if you need a temporary waiver from the assessment requirement. Completed forms should be turned in to the LAC Assessment Office-A1040 or the PCC Assessment Office - LL206. Forms may also be faxed to: (562) 938-4995 or emailed to opa@lbcc.edu. Forms will not be accepted without your signature.

LBCC ID # _____ Effective Term _____

Name _____ Date of Birth _____
Last First

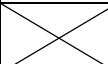
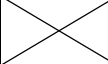
Phone _____ Email address _____

- ☐ I understand that this temporary waiver is granted to students who cannot complete the assessment process for reasons beyond their control.
- ☐ I understand that this temporary waiver can only be completed once.
- ☐ I also understand that I must complete the assessment within the first 8 weeks of my first term of enrollment or a hold will be placed on my record and I will not be able to register for the next term.
- ☐ I understand that I will not be able to register in classes that have a Math, English, Reading or ESL prerequisite until I take the assessment test or submit scores from another California community college whose scores are accepted by Long Beach City College.

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
		Orientation completed
		Hold released
		After 8 weeks – date of assessment
		Hold back on if assessment has not been completed