



IMPERIAL VALLEY COLLEGE

Office of Admissions and Records

Request for Waiver of Basic Skills Unit Limitation

380 E. Aten Road, Imperial, Ca 92251 Phone (760) 355-6101 Fax (760) 355-6400

Name: _____ ID# _____ Year _____

Program (Check One) [] District [] DSPS [] EOPS [] SSS [] TC

CUM GPA: _____ CUM. Completion Rate: _____ Number of attempted units _____

Basic Skills units earned to date: _____

Recommended Classes:

Semester: Fall [] Winter [] Spring [] Summer []

_____ () _____ ()

_____ () _____ ()

_____ () _____ ()

Number of Basic Skill units requested over the limit: _____

Academic Support Services:

Learning Labs Workshops

Tutoring Regular Counseling Appointment

STUDENT'S STATEMENT OF UNDERSTANDING

This waiver if approved will allow me to enroll in one additional semester in order to complete the Basic Skill courses needed to prepare me for college level coursework. If I withdraw I will lose the opportunity to complete these courses at Imperial Valley College.

Student's signature _____ Date signed _____

Counselor: _____ Date signed _____

To Be Completed by Admissions and Records Office

Director of Admissions and Records _____ Date _____

Approved _____ Denied _____