MONTEREY PENINSULA COLLEGE MATRICULATION COMPONENTS
Orientation Component Form

TO BE COMPLETED BY STUDENT:

SESSION: Fall____Spring____Summer_____Year:____

MPC ID:_____

Last Name:_____First Name _____M.I.__

Message phone: _____E-mail address:_____

Mailing Address:_____
Street City State Zip

ORIENTATION MATRICULATION COMPONENT:

Check one of the following:

	I completed a college orientation at:

	I wish to postpone orientation because:

I understand that if I postpone completion of orientation, that I must complete it before I can register for the next semester.

Mailing Address: Attention Dom Lupisan
Monterey Peninsula College
980 Fremont Street
Monterey, CA 93940

FAX: 831-646-4015
Email: dlupisan@mpc.edu

Student Signature_____Date:_____

OFFICE USE ONLY:

Data Entry:	Date:	Staff: