



Orientation Component Form

TO BE COMPLETED BY STUDENT:

SESSION: Fall ____ Spring ____ Summer ____ Year: ____

MPC ID: _____

Last Name: _____ **First Name** _____ **M.I.** _____

Phone number: _____ **E-mail address:** _____

Mailing Address: _____
Street City State Zip Code

ORIENTATION MATRICULATION COMPONENT:

Check one of the following:

	I completed a college orientation at:
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	I wish to postpone orientation because:
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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: Matriculation Assistant Coordinator
Monterey Peninsula College
980 Fremont Street
Monterey, CA 93940

FAX: (831) 646-4015

Email: orientation@mpc.edu

Student Signature _____ **Date** _____

OFFICE USE ONLY:

Data Entry:	Date:	Staff: