



**San Bernardino
Valley College**

**Application
for
Degree
and/or
Certificate**

Please complete the requested information completely. Applications that are incomplete cannot be processed. Return completed applications to the Records Office in the Administration Building. If you have any questions concerning your educational plan and/or your academic progress toward the Associates Degree or Certificate, please make an appointment with the Counseling Office (909-384-4404) BEFORE submitting this form.

Petition submitted for year 20__ Fall (Deadline Oct. 1st) Spring (Deadline March 1st) Summer (Deadline July 1st)

When this deadline falls on a Saturday or a Sunday, the filing period will be extended to the following Monday.

Degree and/or Certificate sought (You must file a separate petition for each degree and/or Certificate sought):

- Associate in Arts Degree Major _____
- Associate in Science Degree Major _____
- Certificate of Achievement Major _____

Student Information - Please PRINT

NAME _____ STUDENT ID# _____
LAST FIRST

ADDRESS _____
NUMBER-STREET CITY STATE ZIP

PRIMARY TELEPHONE _____ ALTERNATE TELEPHONE _____

OTHER NAMES USED AT SBVC _____ DATE OF BIRTH _____

STUDENT EMAIL _____

Please answer YES or NO to the following:

_____ If you are applying for a degree, do you have a graduation check? If yes, attach a copy. If no, please make an appointment with a counselor before submitting this application.

_____ Have you attended SBVC prior to 1981? If so, when? _____

_____ Have you previously applied for an Associate Degree or Certificate at SBVC? If so, when? _____

_____ Have you petitioned to have courses waived or to substitute a course? If yes, attach documentation.

YOUR PETITION CANNOT BE PROCESSED UNLESS ALL DOCUMENTATION IS ATTACHED

List all other colleges you have attended where you have completed courses that will be used to fulfill SBVC graduation requirements. You must have official transcripts sent directly from each college listed before an evaluation can be completed. To verify that transcripts have been received, contact the Records Office at (909) 384-4401.

FOR ASSOCIATE DEGREE CANDIDATES ONLY

Please indicate the catalog year and the graduation plan you are following. If you are unsure, please contact the Counseling Office for assistance.

- Option 1 A. IGETC (Intersegmental General Education Transfer Curriculum)
 UC CSU
- B. CSUGE (CSU General Education Breadth Requirements)

- Option 2 General Associate Degree
 Associate in Science
 Associate in Arts

Catalog Year _____

FOR CERTIFICATE CANDIDATES ONLY

Waivers or substitutions have been used. Please attach verification and/or documentation of any waivers or course substitutions granted. Waivers and/or substitutions are granted by the Department or Division.

_____ Catalog Year. Course requirements are specific to a catalog year. Any catalog may be specified as long as your enrollment has been continuous, as defined by the College Catalog.

Student Signature _____ Date _____

▶ Response to this petition will be sent to your SBVC email account ◀