San Bernardino
Valley College

Petition for Academic Exception

Please complete one form per class/request

Date _____ SBVC ID# _____ Phone _____

Name_____

Class _____ *Circle Semester* Fall Spring Summer 20_____

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

I request that -

_____

_____

_____

This petition should be granted for the following reasons—

_____

_____

_____

_____

_____

_____

_____

Signature _____

Action taken by Scholastic Standards Committee

Approved	Denied	Tabled _____	Other

_____

_____

_____

Signature _____ Date_____