



San Bernardino  
Valley College

Office Use Only

# 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 _____