



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 _____