

Admissions & Records 3041 W. Avenue K, Lancaster, CA 93536-5426 Phone: 661-722-6300 ext. 6504

**Student Contact Information** Student ID #: **900**-\_\_\_ -Name: First MI Phone #:( \_\_\_\_\_)\_ Address: City Zip Street AVC Email @avc.edu **Exception Request – Please Read Before Submitting Request** Consideration of exceptions to policies may be considered when extenuating circumstances beyond the control of the student prevented adherence to the published regulations. Not being aware of deadlines is not an acceptable reason for seeking an exception. Relevant documentation must be submitted with the petition. 34 C.F.R. 106.4 Students shall not be treated differently on the basis of parental, family, marital status or pregnancy and related conditions. ☐ Substandard grade in a repeatable course ☐ Military or Excused Withdrawal ☐ Drop with or without W Add Authorization Codes (AAC): ☐ Beyond maximum allowable repeats ☐ Other Reason **Course Taken (if applicable) Course Number** Grade Subject Semester Year Example: English 2004 101 Fall F**FUTURE Course (if applicable) Course Number** Subject Semester Year Example: English 101 2004 Fall Please describe your request for exception to college policy and attach an additional page if necessary. Relevant documentation must be submitted with petition. THIS FORM MUST BE RETURNED TO REGISTRATION@AVC.EDU Signature of Student: Date: By checking this box, you acknowledge that you will use your AVC email to submit the petition and the petition decision will be emailed to your AVC email account. Instructor / Division Dean Recommendation and Comments Recommend Approval:  $\square$  Yes  $\square$  No Signature - Instructor / Division Dean Phone Date Office Use Only Approved  $\square$  Yes  $\square$  No Course: Signature – Dean, Enrollment Services Date