



Antelope Valley College

EXTENUATING CIRCUMSTANCES PETITION
ADMISSIONS & RECORDS DEPARTMENT

3041 West Avenue K
Lancaster, CA 93536-5426
(661) 722-6331

Name: Last _____ First _____ M.I. _____ Social Security or Student I.D. Number _____
 Address: Street _____ City _____ Zip _____ Telephone Number _____

This petition is a formal request for an exception to or waiver of college policies and/or procedures. State your request and extenuating circumstances in as much detail and as clearly as possible. Attach documented evidence to support your request. If this petition is submitted due to medical reasons, legible documentation from the physician must accompany the petition. As prescribed by FERPA-The Family Educational Rights and Privacy Act, all documentation supporting this petition will be held strictly confidential. Allow at least three weeks for processing. A response will be mailed to you.

If you are referring to a specific course(s) and/or semester(s) in your request, please list:

| Semester/Year | Course Reference Number | Course Number | Instructor |
|---------------|-------------------------|---------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Clearly state your request and explain the extenuating circumstances. Attach a continuation page if necessary.

Student's Signature _____ **Date** _____

BE SURE YOU MAINTAIN A CURRENT ADDRESS ON FILE WITH OUR OFFICE.

INSTRUCTOR/DIVISION DEAN (Obtain instructor or Division Dean's comments/verification if necessary to support this petition.)

Recommend Approval Recommend Disapproval

Comments: _____

Instructor/Division Dean's Signature _____ Name/ Title _____ Date _____

ADMISSIONS & RECORDS DEPARTMENT USE ONLY

Approved Disapproved Comments: _____

Dean, Admissions & Records Signature _____ Date _____