



Office of Admissions and Records
Petition for Extension of "Incomplete"

PLEASE PRESS FIRMLY

TO BE COMPLETED BY THE STUDENT

STUDENT NAME: LAST FIRST M.I.

ADDRESS: NUMBER AND STREET

CITY STATE ZIP TELEPHONE NUMBER

STUDENT ID NO.:

Table with 8 columns: CRN, SUBJ, CRSE, SEQ, DAYS, TIMES, UNITS, INSTRUCTOR

COURSE DESCRIPTION:

SEMESTER AND YEAR IN WHICH "INCOMPLETE" WAS INCURRED:

NEW DEADLINE REQUESTED:

I AM REQUESTING A WAIVER OF THE DEADLINE FOR REMOVING AN "INCOMPLETE" FOR THE FOLLOWING REASON(S):

TO BE COMPLETED BY THE INSTRUCTOR

RECOMMEND DISAPPROVAL RECOMMEND APPROVAL

REVISED DEADLINE FOR REMOVAL OF THE "I":

INSTRUCTOR SIGNATURE

DATE

TO BE COMPLETED BY THE VICE PRESIDENT, STUDENT SERVICES (OR DESIGNEE)

DISAPPROVED APPROVED

REVISED DEADLINE FOR REMOVAL OF THE "I":

STUDENT SERVICES' SIGNATURE

DATE