



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.: []

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 DEAN OF STUDENT ADVOCACY, RIGHTS AND RESPONSIBILITIES

DISAPPROVED APPROVED

REVISED DEADLINE FOR REMOVAL OF THE "I" _____

SIGNATURE: DEAN OF STUDENT ADVOCACY, RIGHTS AND RESPONSIBILITIES DATE