PETITION FOR INCOMPLETE

TO BE FILLED IN BY STUDENT:

Name _____________________________________________ Box #_________
ID# ____________________________ Phone: ________________ Date: ____________
Course #/CRN #_______________ Course Title ________________________________
Student’s signature: ____________________________ Professor: __________________

TO BE FILLED IN BY PROFESSOR:

Work to be completed: ________________________________________________
______________________________________________________________________
Date to be completed: ________ Fall Semester: No later than the following April 1st.
   Spring Semester: No later than the following October 1st.
☐ Research Delay: (check here if research delay is reason for requesting incomplete)
Faculty Signature: __________________________________________ Date:_________

DOCUMENTATION OF EXTENUATING CIRCUMSTANCES:

The reason this incomplete is necessary is (check one):
☐ Medical: (Confirmation from Health Service or the Dean of Students Office)
☐ Personal: (Confirmation from the Dean of Students Office or Academic Advising)

Signature: __________________________________________ Date:_________

TO BE FILLED IN BY COLLEGE BOARD:

Petition has been: ☐ Approved ☐ Denied
Explanation:

________________________________________  Date________________
Chair, College Board

White: College Board   Canary: Office of Student Records   Pink: Faculty   Photocopy: Student