



**PETITION FOR PERMISSION TO REMOVE AN INCOMPLETE**

**When to use this form:** This petition should be submitted to the Graduate School whenever an incomplete grade in a graduate course has not been converted into a passing grade within one (1) calendar year of the assignment of the incomplete. **Fill in this form on the screen. Handwritten petitions will not be accepted. Petitions are subject to a fee of \$15.00.**

Student Name: \_\_\_\_\_  
Last First Middle

Student Number: \_\_\_\_\_ Major: \_\_\_\_\_

**MAILING ADDRESS:**

\_\_\_\_\_  
Street/Apartment# City State Zip

E-Mail Address: \_\_\_\_\_

**COURSE INFORMATION:**

Department: \_\_\_\_\_ Course #: \_\_\_\_\_ Course Title: \_\_\_\_\_ CRN: \_\_\_\_\_ Credits: \_\_\_\_\_

Term: \_\_\_\_\_ Year: \_\_\_\_\_ Grade Option: \_\_\_\_\_ Instructor: \_\_\_\_\_

**STATE CLEARLY WHAT REQUIREMENTS OF THE COURSE WERE LEFT TO COMPLETE WHEN THE INCOMPLETE WAS ASSIGNED:**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTOR STATEMENT OF SUPPORT:** ATTACH COMPLETED SUPPLEMENTARY GRADE REPORT

Approximately how much of your time was involved in evaluating the removal of this incomplete? \_\_\_\_\_ [Clear Form](#)

Did the removal of this incomplete require the participation of other faculty members? \_\_\_\_\_ [Print Form](#)

What grade have you assigned to this course? \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ [Back](#)

**DEPARTMENT ENDORSEMENT(S):**

Dean/Department Head of Student's Major Department:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Department Head of Department Offering Course (if different):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Action by Graduate School**

Approved

Not Approved

\_\_\_\_\_  
Signature of the Dean of the Graduate School Date: \_\_\_\_\_