

## **Petition for Incomplete Grade Form**

Office of the Registrar 1409 N. Walnut Grove Ave. Rosemead, CA 91770 1-626-571-8811 ~ 1-626-571-1413 fax

All requests for incomplete grades must be submitted prior to the end of the course the student is requesting an "I" grade for. To quality for an incomplete grade a student must have extenuating circumstances that would prevent the student from completing the coursework. <u>The deadline, given by the lecturer, but must be within</u> <u>one year of the start of the semester for which the "I" was received.</u> For further information regarding the "I" grade policies please review the UWest catalog.

Last Name:	First Name:	Studen	it-ID #:	
(e.g. PSY 420)				
Semester/ Year course was taken:	I:	nstructor Name:		
	(e.g. Fall 2006)			
Reason for Request:				
Student Signature:		Date:		
To be completed by ins	structor:	□ Approve Request	Deny Request	
Student Work Due Date:				
	policy per catalog)			
List incomplete work and how it is	to be completed:			
Instructor Signature:		Date:		
Administrative Approv	vals•			
		natures before submitting to the	-	
Department Chair Signature:		Date:		
		Date:		

\_\_\_ Date New Grade Processed: \_\_\_\_