PETITION FOR INCOMPLETE GRADE

PLEASE CLEARLY PRINT ALL INFORMATION

Student Name: _______________________________________________________________________

Student I.D. or SS#: ___________________________ S.U. E-mail: ___________________________

Instructor Name: ___________________________________________________________________

Course No. ________________________________

Course Name: ______________________________

Semester: _________________________________

I request that the grade of “Incomplete” be granted for the above course. My explanation of the emergency reason for granting this request:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

I understand that the “Incomplete” must be removed by 5:00 p.m. on the last day to add courses for the next regular semester or the grade becomes an F.

_____________________________________________________________________________

Signature of Student Date

Approval/Signature of Instructor Date

This form to be attached to completed Grade Roster for the course.

Office of the Registrar ● P.O. Box 770 ● Georgetown, TX  78627
Phone: 512-863-1952 ● Fax: 512-863-1685