

# Southwestern University

## PETITION FOR INCOMPLETE GRADE

*PLEASE CLEARLY PRINT ALL INFORMATION*

Student Name: \_\_\_\_\_

Student I.D. \_\_\_\_\_ 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:

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I understand that the ***“Incomplete”*** must be removed by 5:00 p.m. four weeks from the last day of class in the semester in which the course was offered, 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.*

**Center for Academic Success and Records • P.O. Box 770 • Georgetown, TX 78627**  
**Phone: 512-863-1952 • Fax: 512-863-1685**