



# SOUTHWESTERN UNIVERSITY

## PETITION FOR INCOMPLETE GRADE

PLEASE CLEARLY PRINT ALL INFORMATION

### STUDENT INFORMATION

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

Student ID or SS#: \_\_\_\_\_ SU Email: \_\_\_\_\_

### COURSE INFORMATION

Instructor Name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Course Name: \_\_\_\_\_

Semester: \_\_\_\_\_ 20\_\_\_\_

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. four weeks from the last day of class in the semester in which the course was offered, or the grade becomes an *F*.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval/Instructor’s Signature

\_\_\_\_\_  
Date