

SIMPSON COLLEGE

Petition for Incomplete Grade

Name _____ I.D.# _____ Date _____

Address _____ City/State/Zip _____

Home Telephone _____ Campus Telephone _____ Campus Box _____

Petition for incomplete grade in:

Term _____ Department _____ Catalog Number _____ Section _____ Title _____

Rationale for request:

Anticipated Completion Date (to be filled out by student): _____

I understand the requirements for this course must be completed no later than 30 days into the next semester, after 30 days the grade will be changed to an "F".

Student's signature _____

Instructor's signature _____ Date _____

_____ Approved

_____ Denied

Rationale:

The student needs to do the following in order to complete the course:

(to be completed by the instructor)

Deadline for grade to Registrar's office _____
(no later than 30 days into the next full semester)

Dept Chair's signature _____ Date _____

_____ Endorsed

_____ Denied

Registrar's signature _____ Date _____

_____ Endorsed

_____ Denied

Rationale: