



# PETITION FOR INCOMPLETE GRADE

**HOLY NAMES UNIVERSITY**

3500 Mountain Blvd

Oakland, Ca 94619

Phone: (510) 436-1133 / Fax: (510) 436-1199

This grading option is reserved for classes in which the student has **successfully completed 80% of the course with a passing grade**, but is unable to complete the remainder of the work on time due to an emergency or unforeseen circumstances.

\*\*Forms will not be processed unless all information is completed and signatures are obtained.

\*\*Note: Failure to remove the Incomplete Grade by the date specified in this contract will result in a "F" grade for the course.

## STUDENT INFORMATION

## COURSE INFORMATION

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

Term and Year: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Course ID and Section: \_\_\_\_\_

Advisor: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

## PETITION INFORMATION

Reason for Request: \_\_\_\_\_

Incomplete in:  Final Exam  Other Assignments

Date of Petition: \_\_\_\_\_

Completion Contract:

Course work completed by \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date must not be later than the beginning of final exams in the next semester)

Final Exam before \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date must not be later than three weeks into the next semester)

## REQUIRED SIGNATURES

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Incomplete Recorded: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade Recorded \_\_\_\_/\_\_\_\_/\_\_\_\_