

GRADUATE STUDENT GENERAL PETITION

Name: _____ SID: _____

Major: _____ Phone: _____

ACTION REQUESTING:

Transfer (Backdate) Units:

Course _____ Qtr/Yr _____ University _____

Course _____ Qtr/Yr _____ University _____

Waive Coursework – Explain: _____

Substitute Coursework – Explain: _____

Extend Time Limit for Removal of Incomplete Grade for:

Course No: _____ Quarter taken: _____ Extend "I" to: _____
Indicate month/day/year

Instructor: _____ Course Title: _____

Reason for extension _____

Other (explain) _____

REQUIRED SIGNATURES

Instructor Signature (approval) required to Extend an Incomplete: _____

Student Signature & Date: _____

Graduate Adviser Approval & Date: _____
(This is not necessarily the student's faculty adviser)

Graduate Dean Approval & Date: _____