



PETITION TO RECEIVE INCOMPLETE GRADE

PERSONAL INFORMATION

*Indicates Required Field

LLU ID# or Social Security Number:* _____

Name: Last* _____ First* _____ Middle _____

LLU School:* _____ Program of Study:* _____

Current Mailing Address:

Address* _____

City* _____ State* _____ Zip* _____ Country _____

TO BE COMPLETED BY STUDENT

Instructions:

- 1. Complete all information requested in the Student Data, Course Information, and Reason for Incomplete Request sections of this form.
2. Obtain the instructor's, department chair's, and dean's signature and file the form with the instructor.

Policy:

- 1. Incomplete grades are granted in emergency situations only.
2. At the time the Petition is filed, a majority of the course work must be completed.
3. The final grade, along with the "I" will be included on the student's permanent record (academic transcript).
4. An "I" grade is not given for:
a. A remedy for overload
b. Failure on final examination
c. Absence from final examination for other than an emergency situation
d. Low grade to be raised with extra work

Course Information:

Table with 4 columns: Prefix, Number, Course Title, Units of Credit

Reason for incomplete request: (if due to health, attach note from physician)

Student's Signature: _____ Date: (MM/DD/YYYY) _____ / _____ / _____

TO BE COMPLETED BY INSTRUCTOR

Instructions:

- 1. If approved, report the "I" grade on the Instructor Grade Report.
2. Submit this form, along with the accompanying Instructor Grade Report, to the Office of University Records.
3. Upon evaluation of the required additional work which is due on the date agreed upon, turn in the final grade on a "Change of Grade Voucher" to the Office of University Records no later than the final day when grades are due the succeeding term.

Additional work required to clear the incomplete: _____

If additional required work is not turned in by: _____ / _____ / _____

(Date no later than the beginning of the regular examination week scheduled for the following term)

The grade for the course will be: _____ Last date in class: _____ / _____ / _____

REQUIRED SIGNATURES

Instructor: _____ Date: _____ / _____ / _____

Department Chair: _____ Date: _____ / _____ / _____

Dean of School: _____ Date: _____ / _____ / _____

If you have any questions please email Registrar@univ.llu.edu or call (909) 558-4508 or (800) 422-4558