



## INCOMPLETE GRADE PETITION FORM

Student Name _____	Student ID# _____	
Course Name and Number _____		
Campus Location _____	Instructor _____	
Session _____	Semester _____	Year _____

Description of Specific Work to be made up:

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Reason for not completing course in allowed time (if additional space needed, please attach response to this form):

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Due Date Requested for the Extension of Assignment: \_\_\_\_\_

Justification for Requested Due Date:

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Where appropriate, student should attach documentation supporting circumstances (e.g. medical verification). After the student completes form and obtains signature from instructor they must submit the completed Petition Form, with supporting documentation (if any) to the [studentservices@westcliff.edu](mailto:studentservices@westcliff.edu).*

For Office Use Only:

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

**Instructor Approval**

- Approved
- Not Approved

Course Extension Deadline Granted: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Approval**

- Approved
- Not Approved

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

(Dean or Program Chair)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Services/ Technology Department**

- Enrollment updated in SIS      Date Completed: \_\_\_\_\_ Initial: \_\_\_\_\_
- Registrar Notified              Date Completed: \_\_\_\_\_ Initial: \_\_\_\_\_
- Student Notified                  Date Completed: \_\_\_\_\_ Initial: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_