



**PETITION TO RECEIVE AN EXTENSION OF AN INCOMPLETE**

*Please print clearly.*

**Full Name:** \_\_\_\_\_ **Sooner ID#:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Major:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_ **Classification:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Date of Graduation:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

Fill out the section above and the Student Section below. On a separate page, *print or type an explanation and justification of your request to receive an extension of an incomplete. What prevented you from completing the course(s) before the one-year deadline?*

Have the instructor complete the Instructor Section below. You will need your **Instructors signature below agreeing that they will accept the coursework and that you have completed the class and earned a grade.** This can be done by their signature below or by email (email must include your name and student ID#, course information, grade, and affirmative statement of acceptance of this petition.)

**TO BE COMPLETED BY STUDENT:**

Please allow me to receive an extension of an incomplete for the course(s) listed below:  
 for the (*original semester of class - circle one*) *spring, summer or fall* and for the (*original year enrolled*) year: \_\_\_\_\_

**Course:** \_\_\_\_\_ **Section:** \_\_\_\_\_ **Course:** \_\_\_\_\_ **Section:** \_\_\_\_\_

Student Signature \_\_\_\_\_ Date of Completion: \_\_\_\_\_

**TO BE COMPLETED BY INSTRUCTOR:**

This student is requesting that they be allowed to complete the grade of Incomplete they received in your course. Although it is past the allowed deadline of one year, an exception can be made if you allow it. Your signature below will verify that the student has completed the work in the class and has earned a grade, as well as communicate your willingness to allow the requested action. Please verify that all above information is accurate before signing.

Instructor Signature: \_\_\_\_\_ Final Grade: \_\_\_\_\_

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_

Return this form, your explanatory page, (and the Instructors letter of support email, if they have not signed this form) to the Dodge Family College of Arts and Sciences' Student Success and Advising Center (Physical Sciences Center, Room 240) or email to casforms@ou.edu. We will notify you of the outcome of this request. If the petition is approved, we will notify the Office of Academic Records to accept the grade your Instructor will submit.

FOR OFFICE USE ONLY (Do not write in this section)

Action by the College \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_  
 Signature : \_\_\_\_\_ Date : \_\_\_\_\_  
 Comments: