

PETITION FOR INCOMPLETE GRADE FORM

This form is for students who wish to request an Incomplete Grade. Submission does not guarantee approval and students should review the Incomplete Policy to determine their eligibility. An incomplete grade is given for circumstances beyond a student's control, such as a death in the family or serious illness, and only if at least 75% of the coursework has been completed and the student is passing the course at the time of the request. The following are not valid reasons for an Incomplete: A remedy for overload; Low grade to be raised with extra work.

INSTRUCTIONS: Please complete the below sections in full, obtain Instructor AND Department Chair approval before submitting the form to the Registrar's Office (registrar@saybrook.edu). The form should be submitted no later than the last day of the semester the Incomplete Grade is being requested for.

SECTION I: TO BE COMPLETED BY STUDENT Student Student ID Name Course Course Credits Code Title Reason for Request (attach additional pages if necessary): By checking this box, I am indicating that I have completed at least 75% of the coursework. By checking this box, I am indicating that I currently have a passing grade on the completed coursework. By signing this form, I acknowledge that I have read and understand the Incomplete Policy (https://catalog.saybrook.edu/content.php?catoid=128&navoid=12918#grading-and-course-completion) as outlined in the Saybrook University Catalog. **Student Signature** Date (Required) **SECTION II: TO BE COMPLETED BY INSTRUCTOR** By checking this box, I am indicating that the student has completed at least 75% of the coursework. By checking this box, I am indicating that the student currently has a passing grade on the completed coursework. The following coursework must be submitted to resolve the Incomplete Grade:

> SECTION III: APPROVALS BY INSTRUCTOR, DEPARTMENT CHAIR, VPAA (All signatures must be obtained before submitting to the Registrar's Office.)

REQUIRED: Date by which coursework must be completed and submitted to the

instructor (no later than 6 weeks after the semester end date):

Instructor Name/Signature		Date	
Department Chair Name/Signature		Date	
Director of Research Name/Signature (if RES course only)		Date	
VPAA Name/Signature (if special approval required only)		Date	
FOR OFFICE USE ONLY			
Registrar's Office Processed		Date	