



SIMMONS UNIVERSITY
 Office of the Registrar
 300 The Fenway, Boston, MA 02115
 Tel 617.521.2111 Fax 617.521.3144

PETITION FOR AN INCOMPLETE GRADE
 (for undergraduates only)

Student Name: _____ Simmons ID #: _____

Address (where your copy of this petition will be sent): _____

Telephone number: _____

Course Information:

Course: _____ Title: _____ Semester: _____ Year: _____

Reason for Request: _____
 (Medical documentation **must be included** with this petition if for reasons of health.)

Outline of Course Work to be Completed:

Date that the **final grade** will be submitted to the Office of the Registrar: _____

Student's Signature: _____ Phone #: _____ Date: _____

Instructor's Signature: _____ Phone #: _____ Date: _____

Adviser's Signature: _____ Phone #: _____ Date: _____

A copy of this petition will be sent to the student and the instructor after the Administrative Board meeting.

The Administrative Board:

approved request for an incomplete grade until _____.

tabled request pending medical documentation. Please submit medical documentation to the Office of the Registrar before _____.

denied request for an incomplete grade. **Grades for denied petitions are due one week after review.**

Grades not submitted by the deadline will automatically be converted to "F."

TO THE INSTRUCTOR: Indicate the final grade below and return this copy to the Office of the Registrar by the due date noted.

FINAL GRADE: _____

SIGNATURE: _____

DATE: _____