



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:** \_\_\_\_\_