

## PETITION FOR GRADE OF INCOMPLETE

Prior to completing this form, the faculty and student should review the appropriate policy:

- [Undergraduate Incomplete policy](#)
- [Graduate Incomplete Policy](#)

Student's Name \_\_\_\_\_ UB ID # \_\_\_\_\_

Course \_\_\_\_\_ Instructor \_\_\_\_\_

Semester      Spring    Fall    Summer 20\_\_\_\_\_

Reason for incomplete request:

Terms for Removal of Incomplete

Deadline for Removal of Incomplete

*Failure to meet the deadline date for Removal of Incomplete will result in academic penalty related to the final grade. Describe the nature of the penalty*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

*I reviewed the policy and understand how to appropriately submit an incomplete including a default grade. Please note that undergraduate and graduate policies differ.*