

**CLARK UNIVERSITY
College Board**

PETITION FOR INCOMPLETE

TO BE FILLED IN BY STUDENT:

Name _____ Box # _____
ID# _____ Phone: _____ Date: _____
Course #/CRN # _____ Course Title _____
Student's signature: _____ Professor: _____

TO BE FILLED IN BY PROFESSOR:

Work to be completed: _____

Date to be completed: _____ Fall Semester: No later than the following April 1st.
Spring Semester: No later than the following October 1st.

Research Delay: (check here if research delay is reason for requesting incomplete)

Faculty Signature: _____ Date: _____

DOCUMENTATION OF EXTENUATING CIRCUMSTANCES:

The reason this incomplete is necessary is (check one):

Medical: (Confirmation from Health Service or the Dean of Students Office)

Personal: (Confirmation from the Dean of Students Office or Academic Advising)

Signature: _____ Date: _____

TO BE FILLED IN BY COLLEGE BOARD:

Petition has been: Approved Denied

Explanation:

Chair, College Board

Date