

**CLARK UNIVERSITY**  
**College Board**  
**PETITION FOR INCOMPLETE**  
**BLUE OR BLACK INK PEN ONLY**

**TO BE FILLED IN BY STUDENT:**

Name \_\_\_\_\_ Box # \_\_\_\_\_

ID# \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Course#/CRN # \_\_\_\_\_ Course Title \_\_\_\_\_

Student's signature: \_\_\_\_\_ Professor: \_\_\_\_\_

**CONFIRMATION OF EXTENUATING CIRCUMSTANCES:**

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

**Medical:** (see Dean of Students Office)

**Personal:** (see the Dean of Students Office, Academic Advising, or Chair of College Board)

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

**TO BE FILLED IN BY PROFESSOR:**

Work to be completed: \_\_\_\_\_

\_\_\_\_\_

Date to be completed: \_\_\_\_\_ Fall Semester: No later than March 1  
Spring Semester: No later than October 1

I approve due to Research Delay

I approve due to illness, extenuating or personal circumstances

I wish to discuss further with Chair of College Board

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

**TO BE FILLED IN BY COLLEGE BOARD:**

Petition has been:  Approved  Denied

Explanation:

\_\_\_\_\_  
Chair, College Board

\_\_\_\_\_  
Date

**COPIES TO: College Board, Registrar's Office, Faculty, Student**