

**CLARK UNIVERSITY**  
**College Board**  
**PETITION FOR INCOMPLETE**

**TO BE FILLED IN BY STUDENT:**

Name \_\_\_\_\_ Email \_\_\_\_\_

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

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

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

**DOCUMENTATION 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 Grade Will Be Submitted to Registrar's Office: \_\_\_\_\_

Fall Semester: No later than the following March 1<sup>st</sup>  
Spring Semester: No later than the following October 1<sup>st</sup>.

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

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

\_\_\_\_\_  
Date

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