

OAKLAND UNIVERSITY
COLLEGE OF ARTS AND SCIENCES

PETITION FOR EXTENSION OF INCOMPLETE GRADE

TO: OFFICE OF THE DEAN DATE: _____

FROM: _____ (NAME OF INSTRUCTOR)

STUDENT NAME _____ STUDENT# _____

MAILING ADDRESS _____ CITY _____ ZIP _____

CLASS _____
Department Course# Section# Credit

SEMESTER IN WHICH THE "T" GRADE WAS GIVEN: _____

NEW DEADLINE FOR REMOVING "T" GRADE: _____

REASON FOR REQUEST:

Signature of Instructor Requesting Extension

Please print Name of Instructor Requesting Extension

TO DEPARTMENT CHAIR

Date

Department Chairperson

TO DEAN, College of Arts and Sciences

APPROVED _____

Signature of Dean, College of Arts and Sciences

DISAPPROVED _____

DATE _____

Copies to: 1. Office of the Dean
2. Academic Records
3. Instructor