



CALIFORNIA STATE UNIVERSITY, SACRAMENTO
 College of Education
 DEPARTMENT OF CHILD DEVELOPMENT

Petition for "I" (Incomplete) Grade

NAME: _____

SEMESTER OF REGISTRATION IN COURSE

ADDRESS: _____

_____ 20_____

CITY: _____

COURSE NUMBER/SECTION: _____

PHONE: work _____ home _____

NUMBER OF UNITS: _____

SAC STATE ID #: _____

CLASS LEVEL: FR SO JR SR GRAD
 (circle one)

E-MAIL: _____

INSTRUCTOR: _____
 (Please Print)

Please refer to University policies on Incomplete Grades in the University Catalog.

It is requested that an Incomplete Grade be assigned for this course for the following **UNFORESEEN** reason(s):

Grade at time of Incomplete: _____

List assignments to be completed, including weight of each assignment toward final grade (attach copies of assignment if possible)

 Student's Signature Date

 Instructor's Signature Date

 Department Chair's Approval Date