California State University, Sacramento
School of Education
Department of Counselor Education

PETITION for INCOMPLETE ("I") GRADE

Fill in the requested information, obtain the instructor's signature, then submit the form to the Department office. Once approved, the form will be retained in Department Office files until removal of the incomplete.

Name:	**Date:**
Address:	**Day Phone:**
City: **Zip:**	**SS#:**

Semester and Year of Registration: _____ **Fall** _____ **Spring** **20**_____

Course and Section Number: EDC _____ **Section** _____

Instructor: _____ **Number of Units** _____

It is requested that an Incomplete grade be assigned for this course for the following Unforeseen reason(s):

_____

_____

_____

Student's Signature: _____
Date:

Conditions for removal of Incomplete grade. (This section must include details of contract and the date of expected completion of the requirements prior to seeking approval.)

_____

_____

_____

Instructor's Signature:_____
Date

Approved_____ _____ **Department Chair**
Date

Note: An incomplete grade may be assigned only in those cases where the faculty member concludes that a clearly identifiable portion of coursework cannot be met by the student within the academic term for unforeseen reasons. It cannot be used for Culminating Experiences. It is the responsibility of the student to bring pertinent information to the instructor and to reach agreement on the means by which the remaining requirement(s) will be satisfied. The incomplete must be made up within one calendar year or be counted as an "F" (or "NC") for grade point average and progress points. The agreement as to the conditions for removal of the incomplete grade must be in writing and placed on file in the Department Office. In those cases where the student is not available (sickness, emergency, etc.) and the instructor is satisfied that an incomplete grade should be awarded, the instructor may submit this form to the Department Office and assign the incomplete grade.