

# PETITION FOR REMOVAL OF INCOMPLETE

A separate petition must be filed for each course, including labs requiring a grade

### These steps must be followed in order:

Step 1) Complete and sign the top portion of the form. By signing the petition, you agree to have the \$10 non-refundable filing fee assessed to your UCSC account. The fee will be posted once the final grade is received from the instructor.

Step 2) **Submit this petition to your Instructor.**  
Course work must be completed and submitted to your instructor within one quarter of your enrollment in the class. Graduate students must complete and submit course work by the end of the third quarter in which the incomplete was received. (Both: Excludes Summer Session) Your Instructor may set an earlier deadline for submission of work.

The Instructor will submit this form directly to the Department office for final signature.  
The Department will then submit the completed form to the Office of the Registrar.

**A \$10 non-refundable filing fee will be assessed to your UCSC account.**

# PETITION FOR REMOVAL OF INCOMPLETE

*Please print or type*

Student Name \_\_\_\_\_

Student I.D. Number \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Course ID \_\_\_\_\_ Class Number \_\_\_\_\_

Quarter & Year Taken \_\_\_\_\_

Abbreviated Course Title \_\_\_\_\_

Credits \_\_\_\_\_

Instructor \_\_\_\_\_

Letter grade requested at time of enrollment? Yes / No

Signature \_\_\_\_\_

Date \_\_\_\_\_

**TO THE INSTRUCTOR:** You should receive this petition and course work to remove the incomplete within one/ three quarters of the student's enrollment in the class. Credit cannot be granted for work completed after the deadline. Submit the signed petition to your Department or course-sponsoring agency.

***Please do not give this form back to the student or the petition becomes invalid.***

Course work completed on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ Change assigned grade of **I** to a grade of \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Submit this form to the course-sponsoring Department or agency and submit the narrative evaluation on your portal.

Course-Sponsoring Agency Chair or Designee \_\_\_\_\_ Date \_\_\_\_\_

Records Adviser \_\_\_\_\_ Date \_\_\_\_\_

Fee Posted