



**COLLEGE OF ARTS AND SCIENCES  
HOBSON ACADEMIC SERVICES CENTER**

**The University of Oklahoma**  
Ellison Hall, Room 124  
633 Elm Avenue  
Norman, OK 73019-3118  
Telephone: 325-4411 FAX: 325-7429

**PETITION TO RECEIVE AN EXTENSION OF AN INCOMPLETE**

*Please print clearly.*

**Full Name:** \_\_\_\_\_ **Sooner ID#:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Major:** \_\_\_\_\_  
 \_\_\_\_\_ **Classification:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Expected Date of Graduation:** \_\_\_\_\_  
**e-mail:** \_\_\_\_\_  
**May we contact you by e-mail about your petition?**     Yes     No

Please fill out this form completely according to the following steps:

1. On a separate page, print or type an explanation and justification of your request. (Specifically, why do you think the request should be granted? What prevented you from completing the course(s) before the one year deadline? What were the circumstances that led to this request?) Be specific, concise, and clear. Petitions that are illegible or poorly composed may be returned without a decision. Also, have your instructor sign the back of this petition form.
2. Include your name and ID# on the separate page and any supporting documentation.
3. Return this form, your explanatory page, and supporting documentation to the College of Arts and Sciences Academic Services office, Ellison Hall, 124. We will notify you of the outcome of this request. If the petition is approved we will notify the office of Academic Records to accept the grade your instructor will submit.

Please allow me to receive an extension of an incomplete for the following course(s) for the \_\_\_\_\_ semester (list the name and number for each course): \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Expected Date of Completion: \_\_\_\_\_

**FOR OFFICE USE ONLY**  
(Do not write in this section.)

Input # \_\_\_\_\_

Action by the Assistant Dean:    \_\_\_\_\_ Approved    \_\_\_\_\_ Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

## Instructor's Verification for Extension of an Incomplete

Student's Name: \_\_\_\_\_

Sooner ID#: \_\_\_\_\_

To instructor(s):

This student is requesting that she/he be allowed to complete the grade of Incomplete she/he received in your course. Although it is past the allowed deadline of one year, an exception can be made if both the instructor and I allow it. Your signature below will verify that the student has now completed the work in the class and earned a grade. (The first line shows an example.) The student's request will not be approved without your verification, but your willingness to allow the requested action does not necessarily mean I will grant the request. I will make that decision on the merits of the student's circumstances. If you have any questions, please call me at 325-1002.

Dr. Rhonda Dean Kyncl, Assistant Dean

<b>Dept/Course#-sec#</b>	<b>term</b>	<b>(printed)</b>	<b>(signature)</b>	<b>date</b>
<b>ENGL 1113-015</b>	<b>Sp03</b>	<b>John Smith</b>	<b><i>John Smith</i></b>	<b>06/01/04</b>

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