

**PETITION FOR EXTENSION OF AN INCOMPLETE**

Office of Student Academic Affairs  
College of Natural & Agricultural Sciences

(Completed petition must be filed with Registrar)

NAME \_\_\_\_\_ SID.# \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE \_\_\_\_\_ MAJOR \_\_\_\_\_

UCR E-MAIL ADDRESS \_\_\_\_\_

ARE YOU CURRENTLY ENROLLED IN COURSES AT UCR? \_\_\_\_\_  
Yes No

**FOR EXTENSION OF INCOMPLETE, INSTRUCTOR MUST FILL IN QUARTER TO WHICH INCOMPLETE WILL BE EXTENDED:**

\_\_\_\_\_  
Quarter Year

QUARTER COURSE WAS TAKEN: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

COURSE NUMBER: \_\_\_\_\_ COURSE TITLE: \_\_\_\_\_

S/NC OR LETTER GRADE: \_\_\_\_\_ UNITS: \_\_\_\_\_

INSTRUCTOR'S APPROVAL: \_\_\_\_\_

\_\_\_\_\_  
STUDENT SIGNATURE DATE

\_\_\_\_\_  
ADVISOR'S SIGNATURE DATE

**DEAN'S REMARKS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
ACTION RECOMMENDED DEAN'S SIGNATURE DATE

REGISTRAR'S USE: DEPUTY \_\_\_\_\_ DATE \_\_\_\_\_