



SIMMONS UNIVERSITY  
 Office of the Registrar  
 300 The Fenway, Boston, MA 02115  
 Tel 617.521.2111 Fax 617.521.3144

## PETITION FOR AN INCOMPLETE GRADE

*For Graduate Students in the following programs: Behavior Analysis, Children's Literature, Education, Gender & Cultural Studies, Health Professions Education, History, Library and Information Science, Nutrition, Physical Therapy, and Public Policy. For other programs, please consult your Student Handbook or Program Director.*

### Student Information:

Student Name: \_\_\_\_\_ Simmons ID #: \_\_\_\_\_

Program: \_\_\_\_\_

### Course Information:

Course Code: \_\_\_\_\_ Title: \_\_\_\_\_

Semester: \_\_\_\_\_ Academic Year: \_\_\_\_\_

### Reason for Request:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Outline of Course Work to be Completed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Proposed Date of Completion: \_\_\_\_\_

Date that the final grade will be submitted to the Office of the Registrar: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied

Completed forms should be submitted to the Office of the Registrar at [grades@simmons.edu](mailto:grades@simmons.edu).

*\*Grades not submitted by the above deadline will be automatically converted to an "F."*

OFFICE USE ONLY Processed by: \_\_\_\_\_ Date: \_\_\_\_\_