

**PETITION FOR
EXTENSION OF INCOMPLETE GRADE
GRADUATE DIVISION
Valparaiso University**



NAME _____ Student ID _____
LOCAL STREET ADDRESS _____ Cum GPA _____
City _____ State _____ Zip _____ Email _____ Phone _____
Degree: _____ Concentration: _____

I request permission for an extension of the grade of "I" in the following course:

Department: _____ Course No./ Section _____ Title: _____ Credits: _____

REASON FOR REQUEST (Use other side if necessary):

**The form, completed with appropriate information and signatures, must be submitted to the Office of Graduate Studies.
A copy will be forwarded to the Office of the Registrar once a determination has been made.**

Student's Signature: _____ Date: _____
Instructor's Signature: _____ Date: _____ Approved Denied No Opinion
Dean's Signature: _____ Date: _____ Approved Denied

REASONS FOR APPEAL (if necessary):

Student's Signature: _____ Date: _____
Chairperson's Signature: _____ Date: _____ Approved Denied No Opinion
Dean's Signature: _____ Date: _____ Approved Denied