



## **Extension of Time to Complete an Incomplete Grade**

An incomplete grade must be made up within one calendar year immediately following the end of the term in which it was assigned. If it is necessary to extend this time limit, the student must obtain the consent of the instructor, the Graduate Coordinator and the approval of the Dean of Graduate Studies.

### **Instructions:**

1. Complete the top of the form (name, contact information) and check letter (d) Extension of time to complete an incomplete course. Include the course number, title of course, and the quarter and year you received the incomplete grade.
2. Obtain your instructor's signature and date of extension.
3. Complete the Student Statement and sign.
4. Submit the waiver to your Graduate Coordinator for signature. The waiver will then be forwarded to the Dean of Graduate Studies for review.
5. You will be notified of the Dean's decision via email. An electronic copy of the waiver will be attached for your records.

**California State University, San Bernardino (CSUSB)**  
**Postbaccalaureate/Graduate Petition for Waiver of University Regulations**

PLEASE TYPE OR PRINT CLEARLY

Name \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_ Telephone (     ) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Coyote ID# \_\_\_\_\_  
Coyote Email \_\_\_\_\_@coyote.csusb.edu \_\_\_\_\_

I am enrolled in the following degree: \_\_\_\_\_

I hereby petition for wavier of the following University regulation:

- \_\_\_\_\_ a. Waiver of the Graduate Entrance Writing Requirement. **Documentation required.**  
If submitting a writing sample (please check one): ☐ I would like to be contacted to pick up my writing sample  
☐ I would like Graduate Studies to recycle/shred my writing sample
- \_\_\_\_\_ b. Waiver of the 12 unit limit prior to classification.
- \_\_\_\_\_ c. Wavier of the 7 year limit on applicable coursework.  
*Requires certification of currency by faculty member. See instructions for wording.*  
*List all courses to be waived:* \_\_\_\_\_
- \_\_\_\_\_ d. Extension of time to complete an incomplete course.  
Course number and title: \_\_\_\_\_ Incomplete received: Qtr: \_\_\_\_\_ Year: \_\_\_\_\_  
Instructor Signature \_\_\_\_\_ Extended to: Qtr: \_\_\_\_\_ Year: \_\_\_\_\_
- \_\_\_\_\_ e. Retroactive Withdrawal for Qtr: \_\_\_\_\_ Year: \_\_\_\_\_ **Documentation required.**  
List Courses: \_\_\_\_\_  
Instructor's Signature \_\_\_\_\_  
Instructor's Signature \_\_\_\_\_  
Instructor's Signature \_\_\_\_\_
- \_\_\_\_\_ f. Other: \_\_\_\_\_

**Student's Statement.** (Indicate why you feel this petition should be granted. Attach additional page if necessary.)

I certify that I have read the attached information sheet pertaining to the waiver of University regulations that I am requesting, have attached all pertinent information and required documentation to support my request, and have obtained all necessary signatures of certification.

\_\_\_\_\_  
**Student's Signature**

**Program Certification.**

\_\_\_\_\_  
**Graduate Program Coordinator's Signature**

\_\_\_\_\_ Approved     \_\_\_\_\_ Not Approved  
Reason: \_\_\_\_\_

\_\_\_\_\_  
**Dean of Graduate Studies Signature**

\_\_\_\_\_  
**Date**