Mount Olive College
STUDENT PETITION FOR INCOMPLETE GRADE

STUDENT'S NAME: _____ SSN: _____
Print

COURSE NUMBER & TITLE: _____
Print

SEMESTER & TERM ENROLLED IN COURSE: _____ COMPLETION DATE: _____

REASON FOR REQUESTED INCOMPLETE: _____

_____

_____ _____ _____ _____
Student's Signature Date Instructor's Name (Print) Date

NOTE: ALL SIGNATURES ARE REQUIRED BEFORE THE VP OF ACADEMIC AFFAIRS WILL APPROVE.

_____
Instructor's Signature

_____ _____ _____ _____
VP for Academic Affairs Date Manager of Student Records Date

NOTE: Eighty percent of course work must be completed. The student has 7 calendar week s to comply with the above request. This action is in accordance with Mount Olive College Policy (See MOC catalog 2008 - 2009 Page 32. The faculty member must process a change of grade form by the date agreed upon between the instructor and the student. Exceptions to the above must be submitted in writing to the Vice President for Academic Affairs. Exceptions may be requested for unavoidable reasons, such as illness, military/civilian TDY's, and other documented reasons. The professor may submit a change of grade form with a grade based on completed work, or the grade will revert to an F if the student fails to complete the course work. ***It is the student's responsibility to complete course requirements by the agreed date.***