

STATE UNIVERSITY OF NEW YORK COLLEGE AT ONEONTA

**PETITION TO EXTEND AN INCOMPLETE**

**Student Name:** \_\_\_\_\_ **I.D. Number:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

I request an extension of the incomplete deadline in \_\_\_\_\_,

Course subject/number

taken in the \_\_\_\_\_ semester.

(e.g., Fall 2002)

**Reason for request (please attach appropriate documentation):**

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

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I support this request. Please extend incomplete until \_\_\_\_\_

(extension date)

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Division Dean Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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