SOUTHERN UNIVERSITY AT NEW ORLEANS
PETITION TO RECEIVE AN INCOMPLETE “I” GRADE

Name: ___________________________            Student ID No. _____________

Semester: _________________________            Program: _______________________

Course No: _________________________

Special circumstances that support this petition are as follows:

Per COVID-19 Academic Guideline

Student’s Signature: _______________________            Date: ______

It is understood that should this request be granted, it is the student’s responsibility to satisfy all requirements for changing the “I” to a satisfactory permanent grade by the end of the Fall 2020 Semester. Should this not be done, the “I” will automatically become an “F” and part of the student’s official transcript.

Approved: Conditions to be met for “I” grade removal: __________________________

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______________________________________________________________

______________________________________________________________

Denied Reason(s): __________________________

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______________________________________________________________

______________________________________________________________

Final date to submit grade change: __________________________

______________________________                 __________________________
Instructor/Professor                Advisor

______________________________                 __________________________
Department Chair/Director of Program  Dean

______________________________                 __________________________
Vice Chancellor for Academic Affairs  Approved/Denied

COVID-19 Flexibility 4/2020
Spring 2021 Adaptation