

**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: _____

Denied Reason(s): _____

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