

**SAN JOSE STATE UNIVERSITY  
 PETITION FOR EXTENSION OF TIME LIMIT FOR  
 REMOVAL OF INCOMPLETES AND SP IN DEPARTMENTAL 299**

POLICY: Petitions for a maximum one-year extension must be submitted prior to the end of the semester the incomplete was due to be cleared.

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 LAST FIRST MIDDLE

\_\_\_\_\_ ADDRESS CITY STATE ZIP

Date of Petition \_\_\_\_\_ Semester and Year INC or SP Received \_\_\_\_\_  
 Semester/Year

Course Prefix, No., Title \_\_\_\_\_ Instructor \_\_\_\_\_

State (as briefly as possible) the reasons for your request for extension of time:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Instructions for Processing Petition:**

1. Student must present petition to Instructor (to Department Chair in the absence of Instructor).
2. If approved by Instructor, present to Chair of the department in which the course is taught.
3. Student must sign before submitting to Admissions and Records Office.

Instructor is extending the one-year time limit for removal of incomplete or two-year time limit for removal of the SP in Departmental 299 to the end of:

		_____ Semester _____	_____ Year _____
Approved	Denied	_____ Signature of Instructor _____	_____ Date _____
Approved	Denied	_____ Signature of Department Chair _____	_____ Date _____
		_____ Confirmation by Student _____	_____ Date _____