



STEVENS
 INSTITUTE of TECHNOLOGY
 THE INNOVATION UNIVERSITY

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Incomplete (INC)/ Absent (ABS) Petition

Student Name: _____ Student Identification No.: _____-____-_____

Term: Fall Winter Spring Spring II Summer I Summer II Year
 Year: 20____

Course Number (include subject prefix and section code): _____ Credits: _____

Course Title: _____

Name of Instructor: _____

I am petitioning the above named professor, my instructor in the above named course, for the grade of (check one) INC ABS.

I understand that the grade will be changed to **F** if I do not submit the completed work to the instructor before ____/____/_____
 MM / DD / YYYY

Approval Signatures:

 STUDENT DATE

 INSTRUCTOR DATE

 DEPARTMENT DIRECTOR DATE

 DEAN OF UNDERGRADUATE ACADEMICS (UNDERGRADUATES) /DEAN OF GRADUATE ACADEMICS (GRADUATES) DATE

 REGISTRAR DATE

NOTE TO THE STUDENT:

INC
 The student must file a petition with the Registrar before the last class day of the semester. The petition must be on a form available from the Registrar and bear the signatures of the Student, Instructor, Department Director, and the Dean of Graduate Academics. Petitions are automatically rejected after the last class day of the semester.

ABS
 The student must file a petition with the Registrar within thirty (30) days of the conclusion of the semester. The petition must be on a form available from the Registrar and bear the signatures of the Student, Instructor, Department Director, and the Dean of Graduate Academics. The Instructor may use ABS as an interim grade before the petition is filed.

NOTE TO THE INSTRUCTOR:

The Instructor is responsible for submitting a Change of Grade form for the above course upon completion of the requirements.