GRADUATE STUDENT GENERAL PETITION

Name:_____ SID:_____

Major:_____ Phone: _____

ACTION REQUESTING:

☐ **Double Count (BS+MS only) or Backdate Units from UCR undergraduate transcript**

Course_____ Qtr/Yr_____ Grade Received_____

Course_____ Qtr/Yr_____ Grade Received_____

☐ **Extend Time Limit for Removal of Incomplete Grade** for:

Course No:_____ Quarter taken:_____ Extend "I" to:_____
                                                    Indicate month/day/year

Instructor:_____Course Title:_____

Reason for extension _____

_____

_____

☐ **Waive Coursework** (explain what course, why necessary, etc.)_____

_____

_____

☐ **Other** (explain)_____

_____

_____

_____

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REQUIRED SIGNATURES

Instructor Signature (approval) required to Extend an Incomplete: _____

Student Signature & Date: _____

Graduate Adviser Approval & Date: _____
  (This is not necessarily the student's faculty adviser)

Graduate Dean Approval & Date: _____