

Student ID Number	Last Name	First Name	Middle Name	Date	Mailbox
School and Degree Program	Advisor	Campus	Area Code and Home Telephone Number		
First Quarter at Fuller	Preferred E-Mail Address			<input type="checkbox"/> Home <input type="checkbox"/> Work	

IMPORTANT: *YOU WILL RECEIVE YOUR RESPONSE BY EMAIL at the email address you provide above. PLEASE MAKE SURE YOU CHECK YOUR EMAIL FREQUENTLY. ALSO, YOU SHOULD CONTINUE WORKING ON ASSIGNMENTS IN THE HOPE THAT THE PETITION WILL BE APPROVED. The clock does not stop because you have submitted a petition. Even if granted, it may be for less time than you requested. FURTHER EXTENSIONS WILL NOT BE CONSIDERED BECAUSE YOU STOPPED WORKING UNTIL YOU RECEIVED A RESPONSE TO THIS PETITION.*

This petition is to be used to request an extension of an Incomplete (in a regular master's-level class taken on a campus), an extension of a Hold (in a doctoral-level class), or an original extension of an Individualized Distance Learning (IDL) class.

I request a further extension of time until _____ to complete work for the following course:
(Month – Day – Year)

PLEASE USE A SEPARATE PETITION FOR EACH COURSE

Quarter/Year	Catalog Number	Course Title
Professor		Campus (or IDL)

Explain in detail below the extenuating circumstances upon which this petition is based. *Please be advised that ignorance of any published academic policy or deadlines is not considered grounds for granting a petition. Please type or print clearly. Do not attach any additional pages of explanation, but feel free to add any supporting materials (such as medical documentation). Please be specific about the circumstances you describe. Make sure you include relevant dates for any circumstances you cite.*

If this request is granted, I understand that all work for this course is due no later than the date indicated in the response below.

Student signature _____ Date _____

PETITIONS COMMITTEE RESPONSE

☐ Petition Denied ☐ Petition Approved

DUE DATE: _____
(No work may be accepted after this date)