



**This form is for students who have experienced a situation such as extended hospitalization or death in immediate family. Student is to be notified within 48 hours of petition submission.**

**Student to complete**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Degree Program: \_\_\_\_\_ Course No. and Title: \_\_\_\_\_  
 Year: \_\_\_\_\_ Session: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_  
 Success Coach's Name: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
Typed Signature is acceptable

**Student to email petition to instructor using LAPU student account and attach documentation substantiating reason for petition (Use additional page for further explanation).**

**Student agrees to notify instructor when work has been resubmitted after petition approval.**

Final course grade is calculated based on all work submitted by due date(s). See the full Incomplete Grade Policy in the Los Angeles Pacific University Catalog in the Academic Policy Section.

**Instructor to complete**

Assignments or exams needed to complete this course:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Approximate final grade if work is not completed: \_\_\_\_\_

Date to be Completed
_____
_____
_____
_____

**Instructor Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
Typed Signature is acceptable

**Instructor to forward to respective Assistant Dean**

**Assistant Dean to complete**

**Assistant Dean Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied Comments: \_\_\_\_\_

**Assistant Dean to distribute to Registrar, E-learning and Instructor when complete.**

**Instructor to return completed petition form to student.**

**Please provide a detailed explanation for the submission of this petition:**