Request Grade of Incomplete

Student's Name:_________________________Student ID:________________

Course Number/Section/CRN:___________Title:__________________________

Reason for Requesting the Grade of Incomplete:__________________________

____________________________________________________________________
____________________________________________________________________

Course Requirement(s) to be completed:____________________________________

____________________________________________________________________
____________________________________________________________________

____________________________________________________________________

The assignment(s) will be delivered/mailed to the Instructor on_____________ Date_________

(No later than FOUR weeks into the following semester).

NOTE: 1) The request must be made in triplicate: (for the Chairperson, Instructor and Registrar)

2) Arrangements for the "Incomplete" grade must be made and a copy of this form submitted to the registrar, before the last day of class

3) The Instructor may assign the "I" grade only to those students who have submitted the request form _________________________

____________________________________________________________________

Instructor Approval and signature

____________________________________________________________________

4) The Instructor must submit the final grade (A, A-, B+, B, B-, C+, C, C-, D, F) within FOUR weeks of the following semester

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Dean of the Undergraduate College