REQUEST FOR INCOMPLETE GRADE

Instructions: Please print clearly or type.

I, (name)___________________________________________, (ID number)__________________________, request an Incomplete grade in the following course and understand the requirement(s) stated below for the completion of this course.

Course ____________________________________________ Department ______________ Course Number ____________________ Section Number ________

Semester:              ☐ Fall ☐ Intersession ☐ Spring ☐ SSI ☐ SSII ☐ SSIII ☐ SSIV ☐ Year __________

Instructor, indicate course work yet to be completed by student (if exam, leave a copy with department secretary) and possible grades:

If the above work is completed, course grade may be as high as: ____________.
If the above work is not completed, grade should be: ____________.

(NOTE: Grades may range from A through F. A grade of W or RP may also be recommended on this form.)

If the grade is not changed by the sixth week of the semester, the student is next in attendance (the full semester for graduate students) or, if the student does not return, after one year, the Incomplete will be changed to the lower grade indicated above.

Signature of Instructor: __________________________________________ Date: _________________________

Signature of Student: __________________________________________ Date: _________________________

Resolution of Incomplete Grade

(Instructor: Please indicate below the resolution of the above Incomplete grade. Return this completed form to the Registrar’s Office. See note above.)

☐ Work has been satisfactorily completed. Final grade is ________________.
☐ Work not satisfactorily completed. Final grade is ________________.
☐ Extend date for completion of work to: ______/_____/_____

Signature of Instructor: __________________________________________ Date: _________________________