



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: _____