

REQUEST FOR INCOMPLETE GRADE

Student ID: _____ Name: _____
Last First Middle

Course Number and Section: _____ Title: _____

Instructor: _____ Session: Fall Spring Summer Year: _____

Reason for Requesting an Incomplete: _____

INCOMPLETE GRADE POLICY

“I” indicates that the work is incomplete, with certain required work postponed by the student for substantial reason with the prior consent of the instructor. **This work must be completed by the deadline set below for a maximum of four weeks from the end of the course. Incompletes not resolved by the deadline will be changed to an “F” (Fail).** Appeals for an extension of the incomplete grade past the deadline must be approved by the instructor and presented to the registrar prior to the incomplete due date. Course work needs to be completed in a timely manner to allow the instructor to grade the work and turn grade into the Registrar’s Office.

I understand and agree to the conditions described above.

Student Signature: _____ Date: _____

Work Completion Deadline: _____

FOR INSTRUCTOR’S USE ONLY:

Instructor’s Signature: _____ Date: _____

Description of unfinished work to be completed: _____

Grade Due Date: _____