

## REQUEST FOR INCOMPLETE GRADE

<b>Student Name:</b>	<b>Course:</b>
<b>Class Year:</b>	<b>Semester and Year:</b>
<b>Instructor Name:</b>	<b>Date of Request:</b>

Grades of Incomplete

A Request for Incomplete will be considered in the last few weeks of the semester until grades are submitted. The student will complete this form with the instructor and submit the signed form to the Registrar's Office. An instructor may petition for an incomplete grade on a student's behalf only if the student is unable to complete the request for medical or other compelling reasons. If no final grade is submitted by the deadline, the incomplete grade will be changed to a failing (F) grade. Any extension of an incomplete beyond the agreed time must have the approval of the instructor and chief academic officer.

To be completed by student: Please explain (**below or attached**) why you cannot complete the course.

To be completed by faculty member: Please state (**below or attached**) the remaining requirements to complete the course and **the deadline for completion**. The incomplete grade must be replaced before 30 days into the next semester (For Spring and Summer Semester Incompletes this is 30 days into the Fall Semester; for Fall and Interim Semester Incompletes, this is 30 days into the Spring Semester).

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I understand that I am requesting an incomplete grade, meant for unusual circumstances because of which I cannot complete the course requirements by the end of the semester. I also understand that if I do not meet the requirements detailed above, I will receive a grade for work completed in the course.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

I understand that the student above must have substantially completed the course in question with satisfactory work at the time of this request and that within 30 days of the beginning of the next semester I shall submit to the Registrar's Office a grade for the student's work. An F will be assigned **by the Registrar's Office** for any course for which a grade is not submitted.

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

*Please submit this signed form to the Registrar's Office. Date received **by the Registrar Office** \_\_\_\_\_*