

INCOMPLETE GRADE REQUEST

THIS PORTION IS TO BE COMPLETED BY THE STUDENT.

Term: _____

Year: _____

Student Name: _____

ID#: _____

Course: _____

Instructor: _____

An incomplete grade may be assigned due to illness or some cause beyond the student's control. The University reserves the right to require the student to provide proof of the extenuating circumstances requiring an incomplete grade. Describe below the illness or emergency that prompts this application:

As indicated in the University Catalog, the incomplete grade must be removed by the end of the fourth week of the next term in residence. An incomplete grade not removed by the end of the fourth week of the subsequent term in residence automatically becomes a grade of F.

I understand what is required to complete the course and will complete the course within the guidelines of the University policy as listed above and in the University Catalog.

Student Signature _____

Date _____

THE FOLLOWING PORTION SHOULD BE COMPLETED BY THE INSTRUCTOR.

The following is a list of the course requirements remaining to complete the course:

The incomplete must be completed by the end of the fourth week of the subsequent term.

I have reviewed the student's request for an incomplete grade and believe that the student's request is within the guidelines of the University's policy for granting an incomplete grade.

Instructor's Signature _____

Date _____

Instructor: Provide copy to student