

GENERAL INFORMATION

Student Requesting Incomplete Grade: (F) _____ (M) _____ (L) _____

Student ID number: D16 _____ Date of Request (M) _____ / (D) _____ / (Y) _____

COURSE INFORMATION

CRN, Course Prefix, Number, Section: (ex: 30281 PSYX 100 001) _____ / _____ / _____

Course Title: _____ Credits: _____ Semester: _____ Year: _____

STUDENT INFORMATION

Reason for request of incomplete grade:

The following work (assignments, tests, quizzes) must be completed according to syllabus requirements to remove the Incomplete Grade in the following class by the completion date agreed upon with the instructor. This date is not to exceed the last day of the following semester.

Agreed Upon Completion Date: (M) _____ / (D) _____ / (Y) _____

Default Grade (if the following work is not completed): A B C D F

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INSTRUCTOR REVIEW AND RECOMMENDATIONS

Instructor: List the assignment(s) to be completed in order to remove the Incomplete Grade from the transcript of the student. Be specific and provide acceptable grade level(s) required for successful completion.

YES NO

I certify that this student has been in attendance and passing this course up to five (5) weeks before the end of the semester.

The student request and reason for the request are acceptable to me.

Instructor Signature: _____ Date: (M)____/(D)/____(Y)/_____

DEAN REVIEW AND RECOMMENDATIONS

Dean of Instruction Signature: _____ Date: (M)____/(D)/____(Y)/_____

I approve the request for an incomplete grade.

Routing Order: STUDENT- INSTRUCTOR- DEAN OF INSTRUCTIONAL SERVICES- FINANCIAL AID DIRECTOR- REGISTRAR

Copy or email to Student: _____(Date)_____ Registrar