

This form must be completed by the student requesting an incomplete grade and by the instructor granting the request. No incomplete grades will be recorded unless this completed form is submitted to the Office of the University Registrar prior to the end of the grading period for the semester during which the course was taken. The incomplete grade will be changed to the grade indicated in Section V of this form according to University policy unless the faculty member submits a Change of Grade form.

Student Name _____ Student ID Number _____

Address _____ Email Address _____

Telephone Number Home _____

Work _____

I. Course Title _____ Course Code _____

Course Section _____

Semester

Fall 20____ Spring 20____ Summer 20____ Summer I 20____ Summer II 20____

II. Reason for making this request

III. Work which must be completed to change the incomplete grade
(to be completed by the faculty member)

IV. Date by which all work must be completed _____

V. Grade for the course if work (as stipulated in section III) is not completed _____
(to be completed by faculty member)

Authorized by

Student Signature _____ Date _____

Faculty Signature _____ Date _____