



OFFICE OF THE REGISTRAR
REQUEST FOR INCOMPLETE GRADE

Please print out this form. Once you have obtained the required signatures, hand the completed form into the Registrar's office.

Student's Name _____

Semester _____ Date of Last Exam _____

Course Number & Name _____

Instructor _____

I am applying for a grade of "Incomplete" for the above course. I understand that the missing work for this course is due to the instructor on _____ (six weeks from the date of the last exam day). I further understand that the grade of "Incomplete" will automatically become an "F" if this work is not received. The missing work is:

Any exception to this policy must be discussed with the Academic Dean and documented.

Student's Signature _____ Date _____

Signature of Instructor _____ Date _____

Signature of Advisor _____ Date _____