GRADUATE PROGRAMS
REQUEST FOR INCOMPLETE (I) GRADE FORM

IMPORTANT: THIS FORM MUST BE COMPLETED FOR EACH STUDENT REQUESTING A GRADE OF INCOMPLETE (I). RETURN IT TO THE PROGRAM ASSISTANT IN YOUR PROGRAM OFFICE.

“INCOMPLETE” POLICY
A grade of “I” (Incomplete) may be assigned only in the case of a student who, for illness or circumstances beyond his/her control, has missed a final examination or major assignment. If an “I” grade is not made up within six (6) weeks of the beginning of the semester following the assignment of the notation (not counting summer session)* a “WF” grade is assigned.

(*Both Spring and Summer “Incompletes” must be made up within six weeks of the beginning of the Fall semester.)

Student Name__________________________________________________________ Student I.D. No. ___ ___ ___ ___ ___ ___ ___ 
Last First Middle
Graduate Program________________________________________________________ Semester________ Year___________
Course Number________ Course Title____________________________________________________________________________
Instructor________________________________________________ Advisor______________________________________________
Reason(s) for requesting an Incomplete grade (attach separate sheet if necessary):
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
Assignment(s) Remaining:
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
Agreed date for completion of course work: ________________________________________________________________________
Signature of Student________________________________________________________________________ Date________________
Signature of Instructor________________________________________________________________________ Date________________

FOR THE INSTRUCTOR:
If the student does not complete the work, what letter grade would be assigned based on work completed? __________
Signature of Graduate Program Director________________________________________________________ Date________________

Please send (original) of this form to: Office of the Registrar
and (copies) of this form to: Student Advisor