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