



Registrar Office Use Only:

Form rec'd: _____

Processed date: _____ Init.: _____

Registrar signature & date: _____

INCOMPLETE GRADE REQUEST FORM

If extenuating circumstances (unusual and unavoidable circumstances which hinder completion of assigned work) prohibit a student from completing a course on time, a grade of Incomplete may be granted.

To petition for a grade of Incomplete:

- Submit this form to the Registrar's Office with written approval on the form from the professor.
- The Registrar's Office will seek the appropriate faculty committee approval.
- If approval is granted, you will be assigned a new deadline, up to a maximum of four weeks from the last day of examinations or original assignment deadline to complete all work.
- The completed work must be submitted to the Registrar's office, not the professor.
- At the professor's discretion the grade will or will not be reduced.

The student's final grade for the course will be "I/X", in which "I" and "X" indicate "Incomplete" and the grade assigned by the professor, respectively. If the Registrar's Office does not receive all completed work by the new deadline, a failing grade of "I/F" will be assigned.

No Incompletes will be granted for classes taken in the spring semester of a student's graduating year.

Incomplete Request Deadlines:

Fall and spring semester.....Friday before the last day of classes

Summer term, 3-month module.....Friday before the last day of the term

Summer/winter term, 4-week module.....Five business days before the last day of class

If a test is involved, please contact the Academic Affairs Office to schedule it.

STUDENT REQUEST:

Print Name: (Last) _____ (First) _____ (Middle) _____

Course: (Number) _____ (Title) _____

What is the extenuating circumstance? _____

(You may continue on a separate sheet)

-----**Below for office use only**-----

Professor's recommendation: Yes _____ No _____ Signature _____

Comment: _____

If Yes, recommended date for completion (4 weeks after end of exams is limit): _____

Decision of Faculty Committee: Yes _____ No _____ Date: _____

Comment: _____
