Texas Woman's University
Office of the Registrar

Doc Type:	Al				
Description	n:				
For office use only					

## **Application for Grade of Incomplete**

		NAME (PRINT):				
		LAST		FIRST	MI	
Mailing Address:						
Street		City		State	Zip Code	
Year/Term Course Prefix	Course number	Section number	Course Title			
Reason for request:						
	(Completed by stu	udent)				
Work to be completed:	J					
(Co	ompleted by Instructor)					
Date by which work is	to be	Default	grade to be ass	signed in 365 da	ys if still	
completed:	·	incomp	olete: B C	D F		
Once the appropriate work is signed by both the instructor of Incomplete being assigne indicated on the form, or shouther default grade will be "F".  Any exceptions to the regulating instructor, department chair	s completed, the insti r and the chairperson ed, the default grade in bould a department no entions listed in the stu	ructor must submit to to to of the department. If indicated above will be of submit an application dent catalog pertaining	the Registrar's Office no grade change is e applied to the count for grade of incon	te a completed char is submitted within it urse. Should no defa nplete form but assi	nge of grade form, 365 days of the grade ault grade be ign a final grade of "I",	
Student Signature:			Date:			
Approved:			Date:			
Instructor						
Approved:			Date:			
Department						

Note: The Application for Grade of Incomplete should be approved by the Instructor, then returned to the Chair of the Department\* for final approval before submitting to the registrar's Office.

\*In order to be processed when digitally signed, this form must be submitted to the Registrar's Office via the faculty or chair TWU e-mail.