

Application for Grade of Incomplete

STUDENT ID: _____ NAME (PRINT): _____
LAST FIRST MI

Mailing Address: _____
Street City State Zip Code

Term/Year Department Course number Section number Course Title

Reason for request: _____
(Completed by student)

Work to be completed: _____
(Completed by Instructor)

Date by which work is to be completed: _____

Default grade to be assigned in 365 days if still incomplete: B C D F

The grade of Incomplete (I) is given only when a student has passing grades in 2/3 of assigned work, but, because of extenuating circumstances, cannot complete all of the course work by the end of the semester. Extenuating circumstances include (1) incapacitating illness which prevents a student from attending classes; (2) a death in the immediate family; (3) change in work schedule as required by an employer; or (4) other emergencies deemed appropriate by the instructor. *A grade of Incomplete should not be requested, nor given, for lack of completion of work because of procrastination or dissatisfaction with the grade earned.*

Once the appropriate work is completed, the instructor must submit to the Registrar's Office a completed change of grade form, signed by both the instructor and the chairperson of the department. **If no grade change is submitted within 365 days of the grade of Incomplete being assigned, the default grade indicated above will be applied to the course.**

Any exceptions to the regulations listed in the student catalog pertaining to grades of incomplete require the approval of the instructor, department chair *and* the dean or director of the academic unit in which the course was offered.

Student Signature: _____ Date: _____

Approved: _____ Date: _____
Instructor

Approved: _____ Date: _____
Department Chair

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.