

**REQUEST FOR ASSIGNING A GRADE OF INCOMPLETE**

To be completed before final grade submission by the instructor and submitted to the Registrar’s Office. If possible, the student should continue attending class until the incomplete is approved.

***To be completed by the student***

STUDENT REQUESTING AN INCOMPLETE: \_\_\_\_\_  
(please print)

STUDENT ID NUMBER: \_\_\_\_\_

CRN/COURSE/SECTION/SEMESTER/YEAR: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_

NON-ACADEMIC REASON FOR REQUESTING AN INCOMPLETE (may attach appropriate documentation):

***To be completed by the instructor***

Did the student have a passing grade at the time of the request? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you agree to the student’s request for the incomplete? Yes \_\_\_\_\_ No \_\_\_\_\_

***Continue only if the answer to both questions is yes***

REMAINING ASSIGNMENTS TO BE COMPLETED AND DATE FOR COMPLETION:

Assignment	Due Date

STUDENT SIGNATURE

\_\_\_\_\_ Date: \_\_\_\_\_

INSTRUCTOR SIGNATURE

\_\_\_\_\_ Date: \_\_\_\_\_

DEPARTMENT HEAD SIGNATURE

\_\_\_\_\_ Date: \_\_\_\_\_