REQUEST FOR ASSIGNING A GRADE OF INCOMPLETE

Should 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:

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<th>Assignment</th>
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If your request for an incomplete is approved, please do not re-register for the same course again as it could have adverse effects on your academic record. Contact the Registrar’s Office for further explanation.

STUDENT SIGNATURE

______________________________________________ Date: ___________________________

INSTRUCTOR SIGNATURE

______________________________________________ Date: ___________________________

DEPARTMENT HEAD SIGNATURE

______________________________________________ Date: ___________________________