



Incomplete Grade Request

Incomplete grades must be requested prior to finals week for 16 week courses, or prior to the last week of short terms.

Student Name: _____ Student ID#: _____ Term/Year _____

Freshman Sophomore Junior Senior Graduate Student

IP Grade (for Masters Thesis Courses only)

Course Number	Title	Credit	Instructor
_____	_____	_____	_____

Reason for Request _____

Approved Denied

Conditions for Approval: _____

If the student fails to complete the required coursework, the earned grade will be:

A+ A A- B+ B B- C+ C C- D+ D D- F

Student Signature: _____ Date: _____

(The removal of an "Incomplete" is the student's responsibility. The student is allowed one regular semester (Fall or Spring) following the semester in which the incomplete was granted to complete all coursework. At the conclusion of that one semester, the grade of incomplete will be converted to a grade of "F" unless the instructor has indicated above an alternative grade.)

Instructor Signature: _____ Date: _____

Department Chair (if adjunct): _____ Date: _____