



## Request for a Grade of Incomplete

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 an:

- 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: \_\_\_\_\_