

REQUEST FOR INCOMPLETE (I) GRADE

THIS FORM MUST BE INITIATED BY THE STUDENT ONE WEEK PRIOR TO THE BEGINNING OF THE FINAL EXAMINATION PERIOD. CAUTION: AN "I" GRADE MUST BE REMOVED BY THE CONCLUSION OF THE NEXT SEMESTER OF ENROLLMENT.

To be completed by the Student

Date: _____

Name: _____ SID: _____

Declared Major: _____ Total credit hours earned to date: _____

Email: _____ TEL: _____

Reason for Request: _____

Student Signature: _____

To be completed by the Instructor

Semester (circle one): Fall Spring Summer Year: _____

Course Number _____ Course Name _____

Work to be Complete: _____

Instructor's Signature _____ Title _____

(Official Use Only)

Student will be notified via email if request has been granted or denied.

Request Approved

Request Denied

Chairperson's Signature

Date

Dean's Signature

Date