GRADE OF INCOMPLETE REQUEST FORM (I)
For Graduate Students

Student Name ______________________________________  Student ID __________

Course Number and Title __________________________________________________________

Academic Year ___________________ Semester (circle one) Fall Spring Summer

Instructor’s Name __________________________________________  Please print

Please state why you were unable to complete all academic requirements for course listed above:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

The grade of Incomplete (I) will be recorded for the above course. You are encouraged to complete the work as soon as possible. All work for this course is to be completed and submitted to the teacher by the following date __________________________.

The Incomplete grade must be resolved by the date listed above. Failure to change the grade by mid-term of the following semester results in a grade of “F” for the course.

The remaining work includes:

____________________________________________________________________________
____________________________________________________________________________

Please sign below to indicate your acceptance of these requirements. Keep one copy of this form for your records.

Student
Signature__________________________________________ Date ________________________

Instructor__________________________________________ Date ________________________