



**REQUEST FOR INCOMPLETE GRADE FORM**

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Course Subject: \_\_\_\_\_ Course Number: \_\_\_\_\_ Title: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Student: Please state unavoidable mitigating circumstance(s) that prevented completion of course work. (Attach any supporting documentation).

State specific arrangements made between student and instructor for work to be completed. Please attach another sheet if necessary. (Assignments, quizzes, tests, etc...)

*Unless other arrangements were made above, a student will have until the end of the following semester to make up the incomplete. If a student fails to make up an incomplete within the allotted time, the incomplete grade will be converted to an "F".*

**FOR INTERNAL USE ONLY**

***Approved for Incomplete***

\_\_\_\_\_  
Instructor Date

\_\_\_\_\_  
Division/Department Chair Date

***NOT Approved for Incomplete***

\_\_\_\_\_  
Instructor Date

\_\_\_\_\_  
Division/Department Chair Date

**Comments:**

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