Request for Incomplete
(Return to Records and Registration.)

Student’s Last Name_________________________________________ First Name_______________________M.I.____
Student ID# ________________________     Current Phone Number____________________ Date ____________________

Section I
The above named student has been assigned a grade of “I” (Incomplete) in:

__________________________    For the _______________________ Semester/term  __20___
Course Number and Section

Last Date of Attendance ____________________ Grade on that Date __________

SECTION II
Tasks to be accomplished by the student to complete the course requirements:

1. 
2. 
3. 
4. 

Comments:

All tasks must be completed by __________________________ which is no more than one hundred (100) calendar days after the scheduled final for the class. The work must be graded and the grade will be submitted to Enrollment Services within ten (10) calendar days.

The tasks listed in Section II must be completed by the specified date or the grade will become an “F”.

Student Signature
Date

Instructor Signature
Date

Attach original to final Grade Sheet
Copies: [ ] Student
[ ] Instructor
[ ] Dean

Revised January/14