



NOTICE OF “INCOMPLETE” GRADE

Student Name:

ID #

Course Number and Title:

Semester/Term:

Reason for incomplete:

Incomplete grades should only be given in the event of illness or extenuating circumstances and will only be approved if sufficient justification is provided.

Course requirement (s) to be completed:

Anticipated date of completion

The deadline for submission of grades is the end of the sixth week of the next regular—fall or spring—semester. If more than one requirement needs to be fulfilled, a schedule of completion dates could be helpful.

Grade to be entered if no further work is submitted: _____

If a grade is not submitted prior to the established deadline, the I automatically becomes either an F or the grade submitted above.

Instructor

Date

Student

Date

(Student’s signature, indicating concurrence, should be obtained if possible).

Received by Registrar _____
(Initials) **Date**

Copy to: _____ **Instructor**
 _____ **Student**