



## OFFICE OF THE REGISTRAR

### INCOMPLETE GRADE FORM

All paperwork (including this form and supporting documentation) needs to be submitted no later than the last day of classes of the current semester.

_____ Student's Name (please print)	_____ Student ID Number	
_____ Faculty Member's Name (please print)	_____ Department	
_____ Course Title	_____ Course # & Section	_____ Term

Reason For Incomplete (please check one):

medical condition documented by the academic dean and/or Health Services

mental health condition documented by the academic dean and /or Counseling Center

other (please explain below & include supporting documentation)

A final grade will be submitted to the Registrar no later than post-registration of the next semester, after the student completes the following work\*:

I recommend that an incomplete grade be assigned in the course indicated and under the conditions stated above. If the incomplete is not resolved by the class drop deadline, the final grade will be an F.\*

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understand the conditions on this Incomplete Grade Report Form. I verify that the reason for the incomplete is accurate. I understand it is my responsibility to release information to provide documentation for this incomplete.

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

\*The the class drop deadline may be extended under extraordinary circumstances. Requests for deadline extensions must be submitted by the instructor to the academic dean.

Approved \_\_\_ Denied \_\_\_ Academic Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_