Incomplete Grade Form

Student Name: _______________________________ Student ID: _______________________________

Instructions: A faculty member may assign a grade of “Incomplete” for medical reasons, personal/family reasons, or government obligations (e.g., jury duty, military service). The instructor of record must provide the student and department chair with a detailed description of the work that remains to be completed, using this Incomplete Grade Form. The Department office will maintain the Incomplete Grade Form on file until the student completes the course. It is the responsibility of the faculty member to submit the grade change to the Registrar’s office when the work is completed.

Course Prefix and Number: _________________ CRN: ___________ Semester/Year: _______________

Name of Course: _______________________________________________________________________

Student’s grade to date, excluding work required to complete the course: _______________________

Reason for Incomplete Grade:

☐ Medical  ☐ Personal/Family  ☐ Government Obligation
  (e.g., jury duty, military service)

Note: It is the student’s responsibility to complete the work within the University’s time frame (see the Undergraduate or Graduate Catalog) or the grade will automatically convert to an F.

Date when work must be completed: _________________

Description of work to be completed:

Instructor

Instructor’s signature indicates he or she assigned the grade of Incomplete and will submit the grade change when the work is completed within the required time frame.

Printed Name: _______________________________

Signature: _______________________________

Department Chair

Department Chair’s signature indicates he or she is aware that the grade of Incomplete was assigned.

Printed Name: _______________________________

Signature: _______________________________