

INCOMPLETE GRADE STATEMENT

TO: The Registrar

DATE: _____

Student's Last Name First Middle Initial

Student Number

Course Number

Section

Semester

Year

Reason for Incomplete Grade. (An incomplete grade may be given only to students who are doing satisfactory work, but for non-academic reasons - illness, accident, death in family, jury duty, etc. – were unable to meet the full requirements of the course).

Specific work required to complete the course:

Student's level of performance excluding work required to complete the course: _____

The reason for awarding the incomplete grade must be approved by the Department Chair and Dean PRIOR to submitting grades to the Registrar. This sheet with appropriate approvals is to accompany the grade report at the end of the semester. Do not turn in this form separate from grade roll.

Signature of Instructor

I have read the reason given above for the award of the "I" grade and certify that the reason given complies with the Policy of the University System of Georgia.

Department Chair

Dean

NOTE: The Registrar's, Dean's, and Department Chair's copies of this statement are to be attached to the grade report form submitted to the Registrar's office. After recording the incomplete grade, the Registrar's office will initial and return copies to the appropriate office.

cc: Registrar
Dean
Department Chair
Instructor