



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:

<p>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.</p> <p>Printed Name: _____</p> <p>Signature: _____</p>	<p>Department Chair Department Chair’s signature indicates he or she is aware that the grade of Incomplete was assigned.</p> <p>Printed Name: _____</p> <p>Signature: _____</p>
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