

University of West Georgia

Incomplete Grade Statement

Date: _____

Student's Last Name	First Name	Middle Initial	Student I.D. Number
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Course Number	Section	Semester	Year
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Reason for Incomplete Grade:

- Medical Personal/Family Government Obligation
(e.g. jury duty, military obligation, etc.)

Specific work required to complete the course:

Student's grade to date, excluding work required to complete the course: _____

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

Approvals:

Signature of the Instructor

Signature of the Department Chair
(Please send a copy to the student after you sign.)

Original: Department
Copy: Student

Revised 10/11