University of West Georgia
Incomplete Grade Statement

Date: ______________

Student’s Last Name __________________________ First Name __________________________ Middle Initial ___________ ______ Student I.D. Number ___________

Course Number ___________ Section ___________ Semester ___________ Year ___________

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