

REQUEST FOR INCOMPLETE

Must be filed **before** the first day of Finals Week



An Incomplete ("I") may be granted only when:

- 1) completion of remaining requirements is not possible because of factors beyond the control of the student
- 2) the student has been in regular contact with instructor regarding course completion
- 3) the student was earning a course grade of at least "C-" at the date of occurrence or request

Remaining coursework must be submitted to the instructor by the date specified below, but no later than the **last day of classes in the next full semester** (i.e. an Incomplete taken in the fall semester must be completed by the last class day of the following spring semester; an Incomplete taken in the spring or summer semester must be completed by the last class day of the following fall semester.) If the incomplete work is not received within the stated timeframe, the database will automatically default the "I" to an "F" or, in the case of P/NP grades, a "NP".

Student's Name _____ ID No. _____
(Please print)

Course Number	Title	Credit Hours	Instructor	Semester Enrolled

Reason for request:

- Extended illness
- Serious injury on _____ (date)
- Death in immediate family on _____ (date)
- Other (specify) _____

Completion Plan

(To be completed by the student in consultation with the course instructor)

My plan for completing the remaining requirements for this course is (include any special instructional arrangements, intermediate deadlines, etc.):

I understand that all remaining course requirements must be submitted to the instructor no later than _____.

Student Signature _____ Date _____

My signature below signifies that the student is eligible to receive an "I" in this course according to the policies described above, and that I agree to the methodology for course completion described by the student.

Instructor Signature _____ Date _____

Division Chair Signature _____ Date _____
(Division Chair signature required for requests involving adjunct instructors)

Records Office Use Only	Documents Processed By _____	Date _____
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