



Form for Processing INCOMPLETE

A designation of INCOMPLETE indicates that a substantial piece of required work has not been completed, but under circumstances beyond the control of the student that merit an extension of time. Under such circumstances, **this form must be submitted to the Registrar by the regular deadline for submitting grades.**

Name: _____ Student ID: _____

Class year: _____ Campus Box: _____ Email Address: _____

CRN: _____ Department: _____ Course #: _____ Term/Year: _____

Course Title: _____ Instructor: _____

Reason Incomplete is requested. Be explicit. (To be completed by student and/or faculty member.)

Work remaining to be completed, including % of coursework already completed. (To be completed by faculty member.)

Deadline for completed work and permanent grade. (To be completed by faculty member.)

Normally, when an incomplete is assigned, the student is expected to complete the missing work by the tenth week of the subsequent term; however, the instructor may grant a longer or shorter period of time, not later than the conclusion of the subsequent term. For this course, if the incomplete is not rectified by _____ (MM/DD/YY). The permanent grade will be recorded as _____.

Instructions for submitting completed work to faculty member (email, mail to what address, etc.). (To be completed by faculty member.)

Approved

Faculty Member: _____ Date: _____

Received by Registrar: _____ Date: _____

Distribution

Registrar (original) Faculty Student