



Request for a Grade of Incomplete

I _____ am requesting an incomplete (“I”)
(Student Name)

grade for the course _____ that I am taking during the
(Course number and section)

_____ semester.
(Semester and Year)

I understand that I must complete the work specified below by the date identified. If this work is not completed my grade will automatically default to an “F” at the conclusion of the next major semester (Fall/Spring) in accordance with College policy.

Work to be completed:

Date to be complete: _____ (not to exceed the end of the following major semester)

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

The faculty member will submit a completed copy to the Registration Office with the grades and to the appropriate Department Chair. A grade of “I” will not be assigned without a completed form.