



# Request for a Grade of Incomplete

I \_\_\_\_\_ am requesting an incomplete (“I”) grade  
(Student Name)

for the course \_\_\_\_\_ that I am taking during the \_\_\_\_\_ semester.  
(Course number and section) (Semester and Year)

Your Student I.D. \_\_\_\_\_

*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:

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Date work to be completed: \_\_\_\_\_ (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.**