

Office of the Registrar

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OFFICE USE ONLY
Date Recorded:
Recorder Initials:

GRADUATE & PROFESSIONAL STUDIES INCOMPLETE GRADE REQUEST

Student Name:	Student ID:	
Academic Year:	Semester:	
COURSE INFORMATION		
Course Code: Section:	Title:	
RATIONALE FOR REQUESTING INCOMPLETE GRADE		
Incomplete grades are approved only for circumstances beyond the student's control. A valid rationale is mandatory		
prior to review of the incomplete request form. For example:		
	cipated difficulty obtaining research materials, or failure of a	
Valid <u>non-academic</u> reasons might include ex	stended illness, or death of a loved one, etc.	
• <u>Invalid reasons</u> include: student elected not to complete the course on time, or student would otherwise fail		
the course, etc.		
Explanation for Incomplete Grade:		
I		
ACKNOWLEDGEMENT		
NOTE: Incomplete Grade Request Forms must be rec	ceived by instructor by the final exam date, or other ending	
date of the course, whichever comes first. Courses not	t completed by the specified deadline will receive a grade of	
"F" in accordance with University policy.		
• • •	Date:	
Student Signature.	Date.	
INSTRUCTOR &	& DIRECTOR SECTION	
Deadline for Course Completion:		
Deadline may not exceed one semester beyond the schedu	uled end-date of the course. Faculty may designate an earlier	
deadline, but not later.		
Work to be Completed:		
Instructor Signature:	Date:	
Graduate Academic Progress Specialist Signatur	re:Date:	