Office of the Registrar Ochre Court, Room 203 100 Ochre Point Avenue Newport, RI 02840-4192 Tel: 401-341-2943 Fax: 401-341-2996 sruregistrar@salve.edu

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:

- Valid academic reasons might include unanticipated difficulty obtaining research materials, or failure of a critical experiment.
- Valid non-academic reasons might include extended illness, or death of a loved one, etc.
- Invalid reasons include student elected not to complete the course on time, or student would otherwise fail the course, etc.

Explanation for Incomplete Grade:

ACKNOWLEDGEMENT

NOTE: Incomplete Grade Request Forms must be received by instructor by the final exam date, or other ending date of the course, whichever comes first. Courses not completed by the specified deadline will receive a grade of "F" in accordance with University policy.

Student Signature: _____ Date: _____

_____ Date: _____

INSTRUCTOR & DIRECTOR SECTION

Deadline for Course Completion:

Deadline may not exceed one semester beyond the scheduled end-date of the course. Faculty may designate an earlier deadline, but not later.

Work to be Completed:

Instructor Signature:

Graduate Academic Progress Specialist Signature: _____ Date: _____