

| OFFICE USE ONLY |
|--------------------|
| Date Recorded: |
| Recorder Initials: |

UNDERGRADUATE INCOMPLETE GRADE REQUEST

| Student Name: | Student ID: | |
|---|---|--|
| Academic Year: | Semester: | |
| | | |
| COURSE INFORMATION | | |
| Course Code: Section | on: 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 <u>academic</u> reasons might include unanticipated difficulty obtaining research materials, or failure of a critical experiment. | | |
| Valid <u>non-academic</u> reasons might include extended 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: | | |
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| ACKNOWLEDGEMENT | | |
| NOTE: Incomplete Grade Request Forms n | ust 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: | |
| | | |
| INSTRUCTOR 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: | | |
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| Instructor Signature: | Date: | |