



OFFICE OF THE
PROVOST AND VICE CHANCELLOR FOR ACADEMIC AFFAIRS

INCOMPLETE GRADE FORM

TO: The Office of the Dean of the School

_____ Semester

FROM:

_____ Instructor's Name

_____ Department

The University Catalog indicates that an "I" grade should only be assigned when "some specific performance" or "small portion of a course requirement" has not been completed. Please refer to the catalog for the complete policy in regards to awarding "I" grades to make sure that you are within the governing regulations.

_____ Student's Full Name

_____ Student ID #

_____ Complete Title of Course

_____ Course #

_____ Section #

_____ Time and Days Course Met

_____ Semester Hour Credits

What is the student's average/grade now? _____

Describe the specific work which must be accomplished in order for the "I" grade to be removed.

Student should be reminded that an incomplete grade must be removed by the end of the eighth week of classes during the next semester. If not removed, the grade of "I" changes to a grade of "IF."

Please submit this document to the appropriate persons for approval. Once approval is received at all levels, copies will be returned to the instructor and the department chairperson. *In instances of dispute or question, a copy of this form should be forwarded to the Office of the Provost and Vice Chancellor for Academic Affairs and/or the Registrar's Office.*

_____ Signature of Instructor

_____ Date

_____ Signature of Department Chairperson

_____ Date

_____ Signature of Dean of the School

_____ Date