



ELIZABETH CITY STATE UNIVERSITY

OFFICE OF THE PROVOST AND VICE CHANCELLOR FOR ACADEMIC AFFAIRS

GRADUATE STUDENT INCOMPLETE GRADE FORM

TO: The Chairperson's Office

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 Number

Complete Title of Course

Course Number

Section Number

Time and Days Course Met

Semester Hour Credits

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

Last Date of Attendance _____

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.

Date

Signature of Instructor

Date

Signature of Department Head

