



Request for Grade of Incomplete

Student Name: _____

Date: _____

Degree / Major: _____

Course for which an Incomplete is being requested:

Course Number: _____ **Course Title:** _____

Number of Credits: _____

Reason for Incomplete (attach physician's note if necessary):

Student signature _____

Work required to complete the course:

Course Instructor _____

Date _____

Course Instructor signature _____

Return this form to the Academic Affairs Office

Registrar's Office Use Only

Processed by _____ Date _____