



HENDRIX

Office of the Registrar

REPORT ON INCOMPLETE GRADE

All information requested below must be provided.

Student Name: _____ ID #: _____

Course Name: _____ Semester/Year: _____

Instructor's Name(printed): _____

Advisor's Name: _____

Reason for inability of student to complete course requirements: _____

Course requirements necessary for removal of Incomplete: _____

This work must be completed and the final course grade reported to the Registrar's Office by: (not to exceed one calendar year from present semester/year)

If the requirements for this Incomplete are not completed by the above date, the course grade will automatically be converted to the grade of _____.

Instructor Signature: _____ Date: _____

(revised 12/10/10)