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:

Fall deadline date:__________________________ (cannot be later than Feb 15th for fall courses)

Spring deadline date:__________________________ (cannot be later than August 25th for spring courses)

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 6/7/2018)