Incomplete Grade Request
To be completed by student and turned in to the International, Online and Graduate Program Office no later then the end of the present term.

Student’s Name __________________________________________

Student number __________________________________________

Course Name and Number ____________________________ course #___________

Term/Session __________________________________________

Reason for requesting incomplete:
(attach an additional sheet if necessary)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Denied _________
Approved _________

If approved, work to be completed:
________________________________________________________________________
________________________________________________________________________

Grade must be resolved by: ________________________________
(no later than the final day of the following semester)
The grade will automatically become a (F) failure if the work is not completed by the date above.

____________________    ___________
Student’s signature     Date

____________________    ___________
Professor’s signature    Date