Request for Grade of Incomplete

Must be received by the appropriate Assistant/Associate Dean no later than the last day to submit grades for the semester/term

Student Name: ________________________________  Student ID: ______________

Student Email: ________________________________  Student Phone #: ______________

Student Standing (please circle):  Undergraduate  Graduate

Degree Student is Earning: ________________________________

Academic Area/Major: ________________________________

Course Number & Title: ________________________________

Semester Course was Taken (please circle):  Fall  Spring  Summer  Year: __________

Instructor Name: ________________________________

Part A. To be completed by the instructor:

Please initial to verify the following criteria for an Incomplete grade:

1. ______ The student has specifically requested an Incomplete grade.

2. ______ The student has provided documentation to verify a specific situation beyond his/her control that makes completing coursework on time impossible (please describe situation and documentation).

3. ______ The student was passing the course when the emergency situation arose.

4. ______ The amount of coursework remaining is such that completing it beyond semester’s end is reasonable and academically sound.

5. ______ The instructor and student have completed Part B specifying work remaining and the schedule for submitting it.

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Part B. To be completed by the instructor and student in consultation.

1. We agree that all remaining work for this course is to be submitted to the teacher

   by the following date___________________________________________.

(The date must be no later than one week prior to midterm of the following semester—or, for Summer term incompletes, one week prior to the end of classes in the following Fall semester. Instructor may specify earlier submission. For undergraduates, this date is normally the FIRST day of the following semester.)

2. The remaining work for the course includes:

3. Indicate here any special instructions for submitting the work or scheduling exam.

4. The student acknowledges that failure to submit/complete all required work by the date specified in B1 above will result in a failing grade for the course. The student further acknowledges that it is his/her responsibility to make sure the instructor receives all the work on time, and to verify its receipt. The instructor is not responsible for reminding the student of these criteria and deadlines. The student and the instructor acknowledge that extensions of incomplete grades require prior approval by the school Dean and are rarely given.

Sign below to indicate your acceptance of these requirements. Each person keeps a copy of the form for their records.

__________________________________________  _______________________
Student’s Signature  Date

__________________________________________  _______________________
Instructor’s Signature  Date

__________________________________________  _______________________
Assistant/Associate Dean, STRS  Date

Student initiates the request and, if eligible, meets with the professor to complete. Approval is granted by either the Assistant Dean for Undergraduate Studies, Associate Dean for Seminary and Ministerial Studies or Associate Dean for Graduate Studies as appropriate. The form must be received by the appropriate Assistant/Associate Dean prior to the last day to submit grades for the term.