REQUEST FOR AN “INCOMPLETE” GRADE IN A COURSE

NOTE: The student is responsible for completing this form and submitting it to the instructor prior to the course’s final exam. This form defines an agreement between the student and the instructor, and is to be retained by the instructor.

Student ID#__________________________________                  Date___________________

Name________________________________________________________________________________

Last       First             MI

NU Box #_______ Daytime Phone (____)_________________ Email__________________________

“A student may request an Incomplete grade for reasons of illness or emergency. A written request for an Incomplete must be submitted to and approved by the professor of the course before the final examination. The Incomplete must be removed from the record by the end of the succeeding semester. Otherwise, the grade automatically converts to an “F” on the student’s record.” Academic Catalog - Incomplete Grades

Student: Please provide the reason for your requesting an Incomplete in this course (please print)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Student’s Signature ____________________________________________________________________ Date ______________________

Instructor:  □ I DO approve this Incomplete              □ I DO NOT approve this Incomplete

Instructor’s Signature __________________________________________               Date __________________________

Date for completion of all course requirements _____/_____/______

Any special instructions regarding this Incomplete: __________________________________________