

## Request for an Incomplete (I)

| Name  | Student ID #   |                               |
|---|--|-------------------------------|
| Phone (s)   | E-mail (s)   |                               |
| Course Number   | Section  |                               |
| Course Title  | Term/Year  |                               |
| course in a timely manner due to<br>that occurs within the last two c | ing a passing grade in a course, but does not complete the requirement of an extraordinary circumstance beyond the student's control (e.g., see or three weeks of the semester, the student may request an Incomplet must be completed and submitted to the Registrar's Office before an | rious illness)<br>e (I). This |
| In extraordinary circumstances,                                       | Il become an "F" according to the date posted in the fall or spring cour<br>the Chair/Dean of Undergraduate Studies or the Director of Graduate<br>d the student, may extend the Incomplete, but not beyond two month  | Studies, in                   |
| Rationale for request for an Inc                                      | complete:  |                               |
|   |  |                               |
| Student Signature   | Date   |                               |
| To be completed by the Instru   | ctor:  |                               |
| All requirements to be comple   | ted:   |                               |
| Due date for completion:  |  |                               |
| Instructor Signature  | Date   |                               |
| Department Chair or Dean  |  |                               |