

INCOMPLETE GRADE FORM

STUDENT INFORMATION

NAME: _____
LAST FIRST

STUDENT ID#: _____

COURSE INFORMATION

SEMESTER: _____ YEAR: _____

COURSE SEQUENCE #: _____ DEPT: _____ COURSE #: _____

COURSE NAME: _____

INSTRUCTOR NAME: _____ PHONE #: _____

EMAIL ADDRESS: _____

GRADE INFORMATION

LIST OF ASSIGNMENTS/TESTS THAT REMAINS TO BE COMPLETED:

DUE DATE FOR WORK TO BE COMPLETED: _____

(MAXIMUM TIME LIMIT TO COMPLETE "I" GRADE IS ONE SEMESTER FROM DATE GRADE ISSUED).

FINAL GRADE IF NO ADDITIONAL WORK IS COMPLETED: _____ (NOTE: MUST BE LETTER GRADE)

(FINAL GRADE IS CALCULATION FOR GRADE EARNED WITHOUT THE I GRADE, AND IS THE SCORE OF ALL COURSE WORK THAT IS REQUIRED IN THE CURRENT SEMESTER COURSE SYLLABUS. THIS GRADE WILL BE POSTED IF NO GRADE CHANGE SUBMITTED BY DUE DATE).

Faculty member is responsible for submitting revised final grade to Registrar's Office for any or all coursework that the student submits after the course final grade has been submitted.

INSTRUCTOR SIGNATURE

DATE