

Incomplete Grade Request

This form is to be completed and signed by all parties before assigning an "I."

Student Data

Full Name: _____

Address: _____

Street Address

City

State

ZIP Code

Student 900 #: _____

Phone: _____ Email _____

Course Information

Course Name _____

Course #: _____ CRN: _____ Semester: _____

Professors Name: _____

Professors Phone Number: Work: _____ Home: _____

Professors Email Address: _____

Work that needs to be completed

Date upon which work will be completed:

**Policy states that period of time to complete work may not exceed the long semester following the "I"*

**Any work not completed by the end of the long semester following will receive a "F" as the grade*

Calculation of grades: (here, present (1) all grades of student, (2) which are missing, and (3) the formula for calculation of the grades when all is complete.

Signature

I understand and agree with the conditions stated above. Further, I understand that if I do not complete the work within the stated time period, I will receive a grad of "F" for the course.

Student Signature: _____

Date: _____

Professor Signature: _____

Date: _____

**3 copies are to be made of these pages (student, professor, and department office).*

One complete packet to include any test, assignments, syllabi, and grading key are to be placed in chair's office in sealed envelope. Professor administers tests; grades paper if that is possible. Otherwise, assistant chair in the discipline area manages the process. (May 18, 2012)