Education Program

Request for Incomplete

Name of Student: _________________________  Student ID #: __________________

Incomplete is requested for the following course:

Course Number: ______________________ Quarter: ____________ Year: ___________

Course Name: __________________________________________________________________

Policy on Incompletes:

An Incomplete may be given only when the student has been in attendance and has done satisfactory work to within two weeks of the end of the quarter and has furnished proof satisfactory to the instructor that the work cannot be completed because of illness or other circumstances beyond the student’s control. The Education Program requires that this form be completed and signed by both student and instructor before an incomplete can be issued.

Reason for Requesting Incomplete (Completed by STUDENT)

Description of assignment(s) to be completed: (Completed by FACULTY – Must include Timeline.)

Date assignment(s) is/are due to instructor: __________________________________________

If assignment(s) is/are not completed by said date, grade is converted to: ___________

Signature of Student: ___________________________  Date: __________________

Signature of Instructor: ___________________________  Date: __________________

Office Use:

Grade Submitted: __________

Verified By: ___________________________  Date: __________________