



Incomplete Grade Request Form

IDENTIFICATION

First Name _____ Middle Initial _____ Last Name _____

Personal Email Address _____ Program of Study _____

COURSE INFORMATION

_____ Term Taken

_____ Course Name

_____ Course Number

_____ Course Coordinator

- Dropped from courses in consecutive term for which this incomplete course is a prerequisite
- Written plan to complete course work attached
- Written plan signed by the student
- A copy of the written plan given to the student

STUDENT'S DEFAULT GRADE:

If remaining work to be completed is NOT turned in by _____, the incomplete grade will become an "F" on _____.

specify date specify date

_____ Student Signature _____ Date

STUDENT SERVICES SECRETARY

- E-mail to Advisor & Student
- Upload to Document Tracking in CAMS
- Provide final copy to Registrar

CONFIRMATION OF INCOMPLETE GRADE

_____ Dean Signature _____ Date

_____ Program Coordinator _____ Date

_____ Course Coordinator _____ Date

_____ Financial Aid Specialist _____ Date



Plan for Completion of Incomplete (“I”) Grade

Name: _____ Date: _____

Contact Phone Number: _____ Email Address: _____

Remaining work to be completed:

	Course Assignments	Due Date	Person Responsible	Final Grade
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Coursework not submitted or completed by the student on the date stated above, receives a zero for that assignment. Once all work is completed, the new grade will be re-submitted through the Faculty Portal by the Course Coordinator.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Please provide a copy of this course work agreement to:

- Student
- Course Instructor
- The Student Services Secretary to be placed in the Student’s file.
- Program Coordinator