



Request for Incomplete

Name of Student: _____ Student ID #: _____

Incomplete is requested for the following course:

Course Number: _____ Quarter: _____ Year: _____

Course Name: _____

Policy on Incompletes:

Instructors may grant an incomplete grade if the student has done satisfactory work to within three weeks of the last day of the quarter and if circumstances prevent the student from completing the remaining work for the course by the end of the quarter. Instructors are never obligated to grant a student's request for an Incomplete. The **School of Education 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: _____