

REPORT OF INCOMPLETE GRADE

Fall, 2006 (0710)

STUDENT ID #: _____

Student Name (Students must request an incomplete)

The above named student received a grade of Incomplete in:

Dept. _____ Course No. _____ Title _____ Credits _____

To complete the class work, the student must _____

THE INCOMPLETE GRADE IS DUE BY THE INSTRUCTOR (choose one):

_____ 1) Two calendar months after the end of the course (default date as stated in “2005-2007 Academic Catalog” – **February 28, 2007**).

OR

_____ 2) Extend to 12 calendar months after the end of the course.
***Dean’s Signature (Required when an extension past February 28, 2007 is requested.)**

OR

_____ 3) Date of the instructor’s choosing no later than 12 calendar months after the end of the course (must list specific date) _____. ***Dean’s Signature (Required when an extension past February 28, 2007 is requested.)**

If date above is not specified the default date of two calendar months (February 28, 2007 after the end of the course will be used.

****INCOMPLETE GRADES WILL CONVERT TO A GRADE OF “F” IF A “REMOVAL OF INCOMPLETE” FORM IS NOT SUBMITTED TO THE OFFICE OF THE REGISTRAR - BY THE INSTRUCTOR - BY THE DATE STATED ABOVE.**

Instructor Name (Please Print) (Required)

Instructor Signature (Required)

***Dean’s Signature (Required when an extension past February 28, 2007 is requested.)**