

## INCOMPLETE GRADE REQUEST

## Graduate Programs

STUDENT INFORMATIO	N			
Student Name:			Student ID:	
Contact Phone:		Email:		
Major/Program:		Advisor:		
INCOMPLETE GRADE R	EQUEST INFO	DRMATION		
Course Code:	Section:	Course Title:		
Instructor:		Term:	Year:	
Please provide a brief descrip	otion of the circu	mstances justifying a grade of Ir	acomplete (I):	
Faculty Signature:			Date:	
Student Signature:			Date:	
APPROVAL & INCOMPL	ETE INFORM	ATION		
prevents a student from complete convenience or to re-take the convenience	ing a course during urse. The assignments a shall be submitted	ent of an "I" grade must be approved d before the end of the semester for	or unavoidable situation arises that be used to extend the time available for d by Program Director of the applicable a full semester course or second half	
regular semester following the ocompletion of the work. The finamay be any regular grade. An "I	ne during which that grade is dues to "grade which has	ne "I" grade was assigned. It is the s the University Registrar during the	by the end of the fifth week of the next tudent's responsibility to arrange for sixth week of the following semester and by the end of the sixth week of the next secumulative grade point average.	
Graduate Program Director: _			Date:	
Office Use Only				
Date Received by Office of the Regi	strar:	Date Entered in System:	Entered by (Initials):	