

Incomplete Grade Request Form

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Student Name:		Prof	essor Name:	
Course Name		Cou	rse Number:	
Course Start Date:		Orig	inal Course End Date:	
I-Grade Request Date:				
Student briefly describe yo	our reason for reque	sting an I-grade extension.	Submit completed form	m to your faculty member for review.
or Faculty Use Only:				
 The student has subcourse due prior to re The student has a co NOTE: The following Doct Do you grant an income	mitted 2 assignments in a equesting an incomple urse grade of a "C" ave coral courses are <u>NOT I</u>	udent's ability to complete a of 4-week course, 5 assignments in ete grade. Erage for the assignments substitute grade for an incomplete graich will extend the course? or 8-week course extends	an 8-week course, or 8 as mitted at the time of the irade: DIS-99XXA, DIS-9	ncomplete grade request.
			ee weeks in an 8-week course or a maximum extension of up to 4	
weeks in length in a 12-week	= -			
you APPROVE an incomplete (I) grade extension:		If you <u>DENY</u> an incom	plete (I) grade extension:	
 Save the completed Office of the Registrater the original correction of the I grade at the final grade may the student has sudentered no later the Faculty is responsible. 	rar as soon as possible ourse end date. The Off and extension. be entered before the ccessfully completed the an 4 days after the exte	ended course end date. nal grade to the Office of the	 Save the compl and <u>The Office of</u> Contact the stu the course. 	eted form. E-mail a copy to the student
Faculty: Pleas	se type name here to a	cknowledge you have reviewe	ed the request	Date