REQUEST FOR GRADE OF INCOMPLETE

Student’s Name: ___________________________________ Quarter: __________ Year: __________

Instructor Name: ____________________________________________________________

Course Number & Title: _________________________________________________________

TO BE COMPLETED BY THE STUDENT:

Reason for request of incomplete: _________________________________________________

Plan for completion of course requirements: _________________________________________

Final date for submission of work: ________________________________________________

Note: Incomplete grades must be made up before the start of the next autumn quarter or the first
day of the quarter in which the student will graduate, whichever comes first. If an incomplete is not made up within this
timeframe, it will be changed to an F.

Student Signature: ___________________________________ Date: _______________________

Instructor Signature: ___________________________________ Date: _______________________