

GRADE OF INCOMPLETE “I” REQUEST FORM

Must be received in the Dean’s office no later than the last day to submit grades for the semester/term.

Student’s Name: _____ Student ID: _____

Undergraduate Graduate Academic Year _____ Fall Spring Summer

Class#	Subject	Section	Title

Instructor’s Name _____

Part A. To be completed by the instructor:

Please initial to verify the following criteria for an Incomplete grade:

1. _____ The student has specifically requested an Incomplete grade.
2. _____ The student has provided documentation to verify a specific situation beyond his/her control that makes completing coursework on time impossible.
(Please describe situation and provide documentation):

3. _____ The student was passing the course when the emergency situation arose.
4. _____ The amount of coursework remaining is such that completing it beyond semester’s end is reasonable and academically sound.
5. _____ The Incomplete grade has been approved by the department chair.
6. _____ The instructor and student have completed Part B specifying work remaining and the schedule for submitting it.

Part B. To be completed by the instructor and student in consultation.

1. We agree that all remaining work for this course is to be submitted to the teacher **by the following date** _____.

(The date must be no later than one week prior to midterm of the following semester—or, for Summer term incompletes, one week prior to the end of classes in the following Fall semester. Instructor may specify earlier submission.)

2. The remaining work for the course includes:

3. Indicate here any special instructions for submitting the work or scheduling exam.

4. The student acknowledges that failure to submit/complete all required work by the date specified in B1 above will result in a failing grade for the course. The student further acknowledges that it is his/her responsibility to make sure the instructor receives all the work on time, and to verify its receipt. The instructor is not responsible for reminding the student of these criteria and deadlines. The student and the instructor acknowledge that extensions of incomplete grades require prior approval by the school Dean and are rarely given.

Sign below to indicate your acceptance of these requirements. Keep one copy of this form for your records.

Student's Signature

Date

Instructor's Signature

Date

Department Chair's Signature

Date

***Send signed original to the Dean's office, 107 McMahon Hall or as-ugprogramsoffice@cua.edu
The form must be received in the Dean's office prior to the last day to submit grades for the term.***

Dean's Signature

Date