FACULTY AUTHORIZATION OF INCOMPLETE GRADE

Student Name: ___________________________________  ID # ___________

Address: ______________________________________  Semester: _____

Course Dept./Number_________________________  Semester Hours____________

The student named above has been awarded the grade of “I” for Incomplete for the following reasons:

________________________________________________________________________

________________________________________________________________________

In order to convert the Incomplete to a letter grade, the student must:

________________________________________________________________________

________________________________________________________________________

The student must fulfill the requirements stated above no later than the following date: __________

If the student does not fulfill the requirements stated above by the date specified, the Registrar is instructed to convert the Incomplete to the letter grade of ____________ (grade to be issued)

Signature of the Authorizing Faculty_________________________  date

Student Signature________________________________________  date

Signature of Division Chairperson who assumes secondary responsibility for awarding and overseeing completion of this Incomplete grade:

_________________________________  date

A copy of this form must accompany each Incomplete grade submitted to the Registrar, Faculty should keep one copy for themselves and send one copy each to the student, the Division Chairperson, and the Registrar.

Date form received by the Registrar ________________________________

Registrar 7/2005