Siena Heights University

MAKE-UP OF INCOMPLETE GRADE

DATE __________

Student Number __________

NAME OF STUDENT: __________________________________________________________________________

Last     First     Initial

has removed the “I” for incomplete in ___________________________________________________________________________________________________

Dept. No.       Course Title       Semester Hours

and has received grade of ___________________________________________________________________________________________________

The original course was taken during the:

Semester       Year

___________________________________________________________________________________________________

Signature of Instructor

Date received by the Registrar: __________________________________________________________________________

COMMENTS:

TO: Instructor or other Authorized Faculty

Upon completion of this form, the instructor or other authorized faculty is requested to:
Return this completed and signed form to the Office of the Registrar.

Upon receipt of the form by the Registrar’s Office the following will occur:

1. The grade will be posted to the student’s transcript
2. The grade roster will be posted
3. Copies of this form will be forwarded to:
   a. The instructor
   b. The Students Advisor.
   c. The Student
4. The original form will be placed in the student’s file at the Registrar’s Office