

Siena Heights University

Adrian, MI 49221

517-264-7120

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)

Faculty _____ date _____
(Signature) (Printed)

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 _____