

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

Instructor's Printed Name

Instructor's Signature

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 students 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