REQUEST FOR INCOMPLETE GRADE
(Must be obtained from the Office of the Registrar)

CONTRACT

Student Name (print): ___________________________________________ Student ID # __________

Last    First          MI

Course Listing:

<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course Number</th>
<th>Course Section</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
</table>

Reason for Assigning an Incomplete (“I”) Grade (Must Explain in Detail):

_____________________________________________________________________________

_____________________________________________________________________________

An “I” grade is computed as an “F” until all course requirements are satisfied and a Change of Grade Notice is completed by the instructor and received by the Office of the Registrar. The incomplete grade will then be removed, and the final course grade will be used to compute the student’s grade point average.

COMPLETION DATE: __________________________ (Maximum length of time to complete is eight (8) weeks following the end of the semester. The eight week period is the maximum time allowed, and the instructor should establish an earlier date, if possible. Students who fail to complete the course requirements within the prescribed period will automatically receive a grade of “F” for the course.)

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_____________________________________________________________________________

Student Signature           Date    Instructor Signature            Date

Associate Vice President of Academic Affairs              Date

STUDENT MUST SUBMIT **COMPLETED** FORM TO THE OFFICE OF THE REGISTRAR, **IN PERSON**.