

Request for an Incomplete (I) Grade

Any student requesting a grade of Incomplete (I) for a course must complete and return this form to the instructor. This completed form must accompany the grade sheet when grades are submitted to the MSASS Registrar in Suite 140.

All incomplete grades not completed by the end of the subsequent semester will revert to an **"F"** grade by the instructor.

Student's Name <u>:</u>	
Emp I.D. #:	
Today's Date:	
Student is requesting an inco	omplete for:
	Course Number and Course Name
Reason for incomplete:	
Indicate work that needs	completion:
Student will complete the co	Durse by: Date
	ed no later end of the following semester ************************************
Student's Signature (indicating	g agreement):
Instructor's Signature (indica	ting approval):
Please note both signatur	es are required on this form in order to process the incomplete.
For Office Use Only	
Received By	

Semester

Grade to be submitted by the end of the Fall / Spring / Summer (circle one)