

Request for Incomplete

Name of Student: _____ Student ID #: _____

Incomplete is requested for the following course:

Course Number: _____ Quarter: _____ Year: _____

Course Name: _____

Policy on Incompletes:

An Incomplete may be given only when the student has been in attendance and has done satisfactory work to within two weeks of the end of the quarter and has furnished proof satisfactory to the instructor that the work cannot be completed because of illness or other circumstances beyond the student's control. The **School of Education and the Ed.D. Program requires** that this form be completed and signed by **both** student and instructor before an incomplete can be issued.

Reason for Requesting Incomplete (Completed by STUDENT)

Description of assignment(s) to be completed: (Completed by FACULTY – Must include Timeline.)

Date assignment(s) is/are due to instructor: _____

If assignment(s) is/are not completed by said date, grade is converted to: _____

Signature of Student: _____ Date: _____

Signature of Instructor: _____ Date: _____

Office Use: Grade Submitted: _____

Verified By: _____ Date: _____