



INCOMPLETE (I) GRADE REQUEST FORM

ID # Date

NAME

COURSE # TITLE

TERM YEAR

The request for an Incomplete is to be student-initiated. It is granted ONLY on the basis of serious illness or similar extenuating circumstances that materially affects the student's ability to complete all requirements. An incomplete will not be granted solely on the basis of a student's needing more time. The incomplete MUST be cleared by mid-term of the next semester for continuing students or the "I" becomes an "F".

STUDENT INFORMATION

I am unable to complete requirements for the above course due to:

- Illness Accident Death in the Family Other

which made it impossible to complete course work because

Student's Signature _____ Date ____/____/____

INSTRUCTOR STATEMENT

I approve disapprove of this incomplete grade request

The extension of time requested would permit the student to complete work that may affect the overall evaluation. The extenuating circumstances described above were a factor in the student's inability to complete the work. I am able to supervise the completion of this work which I anticipate will be completed by: (date)

Instructor's Signature _____ Date ____/____/____

DEAN'S OFFICE ACTION

- Approve
 Disapprove

Reason

Dean's Signature _____ Date ____/____/____

Please print out the completed form and return it to:

Office of the Registrar, Huntington University
2303 College Avenue, Huntington, IN 46750
Fax (260) 359-4086