

REQUEST FOR PERMISSION FOR INSTRUCTOR TO ISSUE AN INCOMPLETE

DIRECTIONS: Please return this form to the Registrar's Office with a note from a health professional, staff or private counselor, or other authority who can verify the illness, emergency, or other circumstances that necessitate your requesting this Incomplete.

TO BE COMPLETED BY STUDENT

- 1. YOUR NAME: _____ ID # _____
- 2. NAME OF YOUR FACULTY ADVISOR: _____
- 3. COURSE FOR WHICH INCOMPLETE IS SOUGHT (give department abbreviation, term prefix, course number, and section letter, if any (e.g., ENG 2-111-C):
 COURSE: _____ INSTRUCTOR: _____
- 4. REASON FOR INCOMPLETE: _____

TO BE COMPLETED BY INSTRUCTOR AND STUDENT

- 5. DATE BEFORE OR ON WHICH ALL WORK DUE WILL BE GIVEN TO INSTRUCTOR:
 _____ / _____ / _____
 month day year

TO BE COMPLETED BY INSTRUCTOR

- 6. This student has done passing work in my course up to the time that circumstances made it impossible for her/him to finish by the end of the term (CIRCLE):
 YES NO
- 7. The following (e.g., examinations, papers, or projects) must be completed successfully in order to remove the Incomplete:

- 8. Signature of Instructor: _____