

**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: \_\_\_\_\_