

CORNELL COLLEGE REGISTRAR'S OFFICE

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: COURSE CODE: _____
BLOCK: _____ 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. Grade to be recorded if the incomplete work is not completed by the above date*: _____
8. The following (e.g., examinations, papers, or projects) must be completed successfully in order to remove the Incomplete:

9. Signature of Instructor: _____

*Current grade (without the incomplete work) to be submitted to the Registrar no later than the first day of the following block.