

**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:  

**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.