

Student Information:

Name: _____ ID: _____

Telephone # _____ Email: _____

Semester: TERM 20____
FALL ____ SPRING ____ SUMMER I ____ SUMMER II ____ WINTER____

Course Information:

CRN: _____ Subject: _____ Course #: _____ Section: _____

Course Title: _____

Faculty Name: _____

Reason for Incomplete:

List assignments/projects/tests/etc...to be completed by the student (course syllabus can be included for reference):

- The work for this Incomplete will be completed by (check one):
 - Prior to the start of the next semester.
 - Thirty (30) days into the next semester.
 - Other:
You are accountable to meet the date defined above.
- It is understood that an Incomplete grade has a fee associated with it.
- It is understood that taking an Incomplete can have financial aid implications.
- It is understood that it is the student's responsibility to maintain contact with the faculty member regarding this work.
- It is understood that an Incomplete grade will become a permanent "F" grade if not completed on time.
- For Graduate students, an "F" grade will result in immediate dismissal from their program.
- International students should consult with the Center for International Programs on this policy and its possible effect on their status.

Student Signature

Date

Faculty Signature

Date