Form for Submission of Incomplete (Y) Grade

Instructor: Please complete this form and return it with your grade sheet within 48 hours of your final exam. *Any test to be administered must be attached to this form with instructions regarding time limits, use of books, calculators, notes etc.*

At the end of a quarter, recording a grade of Y (incomplete) indicates that you have agreed to withhold a final grade, pending completion of assigned work. You and the student must agree on the nature of the work to be completed and on a deadline for completing the work. The student has up to 10 weeks from the end of the quarter to complete the work, unless you recommend otherwise. For example, if the student is unable to take the final exam, but has completed all other work and attended class regularly, in fairness to other students you may suggest that the student take the final exam as soon as is feasible. You are in the best position to assess whether or not (1) the student is making a reasonable request for the incomplete, and (2) how much of an extension is reasonable, given the circumstances under which the student has requested the extension.

Student’s Name: ____________________________________________________________________________________

EMPLID: ______________________________ SS#: ______________________________

Course Title: _______________________________________________________________________________________

Department Name/Course Number: _______________________________ Section Number: ______________________

Quarter: ___________________________________________________________________________________________
         (Fall/Winter/Spring/Summer)     (Year)

Instructor’s Printed Name: _____________________________________________________________________________

Instructor’s Address: _________________________________________________________________________________
                  (Street)        (Apt#)
                  ______________________________________________________________________________________
                  (City)       (State)    (Zip)

Phone: (_______) __________________ E-mail: ___________________________________________________________

Reason for incomplete: _____________________________________________________________________________
                     ___________________________________________________________________________________
                     ___________________________________________________________________________________

Percentage of coursework completed to date: ___________________________ Grade to date: __________

Work to be completed to remove incomplete:

☐ Exam (Copy Attached)   ☐ Term Paper   ☐ Assignments   ☐ Computer Program

Time allotted for completion:

☐ 10 weeks       ☐ Other (Specify Due Date):____________________________________________________________

Person to grade final work in instructor’s absence: _______________________________ Phone: __________________

Instructor’s Signature: _______________________________________________________________________________
                   (Date)

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS