

Request for an Incomplete
(in a graded graduate course)

Student's Name: _____

Course number and section: _____

Term: _____

Instructor's Name: _____

Date by which the course will be completed: _____

Do you currently have any incompletes? _____

If so, list the courses and the semesters in which you were registered for them:

(Note: Student may not have more than two incompletes on record at any one time.)

I approve this incomplete and the date for completion.

Instructor's signature: _____

Date: _____

GPD's signature: _____

Date: _____

Course completed: _____ GPD's initials: _____