



REQUEST FOR A GRADE OF INCOMPLETE UNDERGRADUATE

Student, please copy this form to your desk-top, fill it out and either hand deliver it or e-mail it as an attachment to your instructor.

Students Name*: _____ Today's Date: _____
LUC Student ID #*: _____ Student's email: _____ @luc.edu
Academic Career (School): _____ Program: _____
Academic Institution: LUCHI Code for TERM for which work is due: _____

Dept. Abbr.	Course Number	Section Number	Term Hours

Example: ACCT 201 002 3

Course Title: _____
Instructor's name: _____

Reason for request:

Work remaining to be completed:

An *Incomplete* is a temporary grade. The student completing this form must present it to his/her instructor to request an incomplete. Approval is at the discretion of the instructor. At his/her discretion the instructor can require an earlier completion date. If approved, an "I" will be entered on the student's academic record.

Unless an earlier date is specified by the instructor, the student must complete all course work within 6 weeks of the beginning of the next term. An incomplete granted for the Spring and Summer terms must be completed within 6 weeks of the beginning of the Fall term.

**Failure to complete required course work within the time allotted will
result in the grade of "F."**

*Student's Signature: The student by entering his/her name and ID# above has "signed" this form and is fully aware of the regulations governing Incompletes. Note: this request is valid only if it is approved by the instructor.

The student's work is due on: _____. This is *prior* to the 6 week deadline. _____ (Initialed)

Instructor's Approval (enter full name): _____ Date: _____

Instructor, please deliver this form to your Dean or Program Director and _____ (Incomplete@luc.edu) a copy to the Office of Registration and Records. Please cc the student when you submit this form.

I, _____, DO NOT approve this request for the following reasons:
