Office note:
Please provide a copy of the signed document to John Buethe at jbuethe@luc.edu

Incomplete Grade Request Form

Due by the Wednesday following the last scheduled final exam

Name: **ID Number**: 0000

Cumulative GPA: **LUC E-mail**: @luc.edu

Credit Hours to Date: **Today's Date**:

TERM Taken (circle): Fall Spring Summer **YEAR Taken**: 20

Subject	Course Number	Section Number	Term Hours

Example: *ACPOL* *201* *002* *3*

Please attached a brief written explanation justifying your request for an Incomplete grade in this course (*Student Academic Policies Handbook,* 101.2.a.)

For the instructor to complete with the student:

Please list all missing work and the date in which each assignment must be completed:

Missing Work	*Expected Completion Date*
1/ _____	_____
2/ _____	_____
3/ _____	_____
4/ _____	_____
5/ _____	_____

Student Signature: _____ Date: _____

Instructor's Approval: _____ Date: _____

NOTICE: It is the student's responsibility to contact the Office of Financial Aid to determine how incomplete work may affect Satisfactory Academic Progress. Please reach-out to the Arrupe Financial Aid Counselor, especially if you are in the process of completing a SAP appeal.