



Incomplete Grade Request

Office of Academic Records

Name of Student: _____
Last First

Student ID #: _____

Name of Faculty: _____
Last First

Date: _____

| Term | Dept. Name | Course # | Course Title | Credits |
|------|------------|----------|--------------|---------|
| | | | | |

In accordance with MASU Grades of Incomplete Policy, this form is required for Incomplete grade assignments in courses. Incompletes covert to grade indicated below, unless:

- An extension is requested by the instructor. Requests for extensions beyond the fourth week of the end of the session in which the Incomplete was awarded require approval by the instructor and the chair of the department offering the course. Extensions are only granted in an extenuating circumstance that has affected the student's ability to comply with the deadline in the initial request.

INCOMPLETE GRADE POLICY: A student may request an "I" (Incomplete) grade for work if the student has an extraordinary circumstance reason for not completing. In the event that an "Incomplete" is granted by the instructor, the student is responsible for completing the work within 4 weeks of the close of the session in which it was awarded.

Reason for requesting the incomplete grade:

The following academic work must be submitted by the student in order for the course to be considered complete and a grade to be submitted:

Incomplete work is due by the student by the following date: _____

The student will earn a grade of _____ if the required work is not completed by the agreed upon date listed above.

Student signature: _____
(A typed signature is considered an official signature)

Date: _____

Faculty signature: _____

Date: _____

Advisor signature: _____

Date: _____

Division Chair signature: _____
(required for extension only)

Date: _____

FINAL PROCESSING: The student has completed the assigned work required to complete this class.

Date work completed: _____

The final grade to be assigned is: _____

Faculty signature: _____

Date: _____

Grade change processed by: _____ Date: _____

This form should be submitted to the Office of Academic Records for the grade change.

To electronically submit this form, save the form to your computer, attach it to an email to records@mayvillestate.edu

_____ CC: Student _____ CC: Instructor _____ CC: Advisor

11/27/2019