COURSE INCOMPLETE GRADE REQUEST

If necessary, because of serious reasons, unanticipated circumstances, or illness requiring medical intervention or care, a student may request a grade of incomplete from the instructor. In other cases, an instructor may initiate the incomplete request. See current SGS catalog for procedures.

Student’s Name: ___________________________________________________________ Date:____________________

Course Prefix, Number, & Title:____________________________________________________________________________________

Term: _____________________ Instructor’s Name:__________________________________________________

Reason for Incomplete:
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

Deadline and Course Requirements to be completed:

1.________________________________________________________________________________________________________________
   Due Date: ______________

2.______________________________________________________________________________________________________________
   Due Date: ______________

3.______________________________________________________________________________________________________________
   Due Date: ______________

______________________________________________________                                                   _____________________
Student Signature*                                Date

______________________________________________________                                Date
Instructor Signature

______________________________________________________                                Date
Program Chair/Coordinator Signature**

______________________________________________________                                Date
Dean Signature**

______________________________________________________                                Date
Graduate School Representative Signature

*Doctoral students only may submit this form via email with electronic signature.

**Chair/Coordinator and Dean signatures are not necessary for Doctoral internship students who are assigned incompetes.

Return to: Graduate School, St. Joseph Hall, 3rd Floor, Room 378 or Scan and E-Mail to gradschool@chc.edu
Please do not return the form until all required signatures (with the exception of the signature of the Dean) are obtained. Any incomplete forms will be returned to the student. A Graduate representative will get the completed form to the Dean for review and signature.

Copies to: Student, Instructor, Department Chair