

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

Instructor Signature

Date

Program Chair/Coordinator Signature**

Date

Dean Signature**

Date

Graduate School Representative Signature

Date

*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 incompletes.

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