

COURSE INCOMPLETE FORM STUDENT 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 assign** a grade of incomplete. 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:

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

Copies to: Student, Instructor, Department Chair