COURSE INCOMPLETE FORM
INSTRUCTOR 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:
___________________________________________________ ___________________________________________________ __________

___________________________________________________ ___________________________________________________ __________

___________________________________________________ ______________________
Instructor Signature Date

___________________________________________________ ______________________
Program Chair/Coordinator Signature** Date

___________________________________________________ ______________________
Dean 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 Fax to 215.248.7161 or E-Mail to gradschool@chc.edu

Copies to: Student, Instructor, Department Chair