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

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Fax: 215.248.7161 Website: www.chc.edu