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

*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