

COLLEGE OF MOUNT SAINT VINCENT

Request Grade of Incomplete

Student's Name: _____ Student ID: _____

Course Number/Section/CRN: _____ Title: _____

Reason for Requesting the Grade of Incomplete: _____

Course Requirement(s) to be completed: _____

The assignment(s) will be delivered/mailed to the _____
Instructor on _____ Date

(No later than FOUR weeks into the following semester).

NOTE: 1) The request must be made in triplicate: (for the Chairperson, Instructor and Registrar)

2) Arrangements for the "Incomplete" grade must be made and a copy of this form submitted to the registrar, before the last day of class

3) The Instructor may assign the "I" grade only to those students who have submitted the request form _____

Instructor Approval and signature

4) The Instructor must submit the final grade (A, A-, B+, B, B-, C+, C, C-, D, F) within **FOUR** weeks of the following semester

Dean of the Undergraduate College