

Request for an Incomplete

Students on Academic Probation are not eligible for incompletes.

To the student: The Registrar will perform verification of a student's academic status. Please work on parts I & II of this form in consultation with the instructor. You will be notified by e-mail on the status of your request for an incomplete.

PART I: To b	e completed	by the studen	t			
First Name:			Last Name:			ID Number:
Subject:	Catalog #:	Section:	Course Title:			
Semester:		•			Year:	
□ Fall □ S _l	pring (January	session) 🗆	Spring (regular semester) □S	Summer		
Reason for Requesting an Incomplete:						
Student Signature Date						
PART 2: To be completed by the instructor (please submit the completed form to the Registrar)						
Coursework	to be comple	eted:		Deadline for Completion		
Instructor N	ame:					
Instructor Signature					Date	
Department Head Signature					Date	
PART 3: To be completed by the Registrar's Office						
Student GP/				YES	NO	
Date Proces	sed:		Signature:			