

Request for Incomplete Grade

Please submit this form to your instructor prior to last day of the session/semester.

(Please print clearly in ink)

Student's Name: _____

ID: _____

Semester (check one): Fall Winter Spring/Summer

Course Code: _____

Course Title: _____

Instructor's Name: _____

I understand that 70% of my course work must be completed in order for this request to be considered. I am requesting an Incomplete for this course due to the following extenuating circumstances. (Please attach any supporting documentation.)

Student's Signature: _____

Date: _____

Student Notes:

- An "I" grade does not yet reflect credit in the course. If a course with an "I" grade is a prerequisite for another course, that other course may not be taken until the "I" grade has been changed to reflect a passing grade
- If required work is not submitted by the date below*, the "I" will be changed to an "F". You will be notified of the new grade

Approved

Denied

Instructor's Signature: _____

Date: _____

Work to be Completed/Comments: _____

Your coursework must be completed by : * _____

*** Maximum of 30 business days after the start of the next semester***

Associate Department Chair Signature: _____ Date: _____

Director of Academic Operations Signature: _____ Date: _____

Attention Director of Academic Operations: Please scan and e-mail to academicoperations@davenport.edu