



Office of the Registrar
Warren Hall
REPORT OF INCOMPLETE

Student's Name: _____

Banner Student ID: _____

Semester: _____

Course Number and Title: _____

Instructor: _____

Justification for assignment of "I" grade:

Requirements to be completed to remove the grade of "I":

It is the student's responsibility to contact and make arrangements with the instructor for completing the course requirements.

Please Respond to A or B:

A. _____ Student has until the end of the next regular semester to complete the requirements listed above.

B. _____ On or before _____ student will be required to complete the requirements listed above.
(date)

Failure to comply with the terms above will result in a final grade of: _____

The instructor will submit a *Report of Completion of Incomplete* form to the Registrar's office within two weeks after the required completion deadline.

Student's Signature _____

Date _____

Instructor Signature _____

Date _____

FOR REGISTRAR'S OFFICE USE ONLY

Initials: _____

Date Processed: _____