Date “I” must be completed Date received by dept. chair

Grade change form sent to Registrar’s Office Registrar’s Office told to have a permanent “I”

Incomplete Grade Form

(To be completed and forwarded to Department Chair)

# Banner CRN, Course Prefix, Course Number

Instructor’s Name

Student’s Name CWID

Semester and Year

Detailed description of the work to be completed:

I, the student, understand that I must complete the above requirements by date set by the instructor or within one calendar year from today. If I fail to complete the requirements in the timeline stated, the incomplete grade will permanently remain an “I”.

# Student’s Signature Date

Instructor’s Signature Date

Reminder – The grade of “I” will affect the student’s financial aid and students receiving veteran’s benefits can not receive the grade of “I”.

Photocopy to: Department Chair

Faculty Member Student

Student’s Advisor