INCOMPLETE AUTHORIZATION FORM

This form must be completed by the instructor, signed by BOTH STUDENT AND INSTRUCTOR, and submitted to Information Central no later than the due date for grades each semester. An INCOMPLETE CAN ONLY BE GIVEN IF THE STUDENT HAS COMPLETED AT LEAST 80 PERCENT OF THE TERM WITH PASSING WORK and provide evidence to the instructor of inability to continue.

PLEASE PRINT THE FOLLOWING:

Student Name_____________________________________________________ Student ID or SSN____________________________

Course Prefix and Number__________________________Course Title___________________________________________________

SUMMER_____ FALL______ SPRING____ ACADEMIC YEAR___________

Reason for Request:  □ Verified Illness   □ Extenuating Circumstances

(Explain)___________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

Work to be completed:  □ Final Exam   □ Term Paper   □ Other

(Specify requirements)________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

Completion date:

□ End of subsequent semester (excluding summer)

□ Date within subsequent semester – Specify Date: ________________________________

INSTRUCTIONS FOR REMOVAL OF INCOMPLETE

The student named above has been granted a temporary extension of grade (incomplete). The Incomplete must be removed by the time noted above. The instructor initiates an “Incomplete” removal by obtaining an Authorization for Removal of Incomplete Form from Information Central. IF INCOMPLETE WORK IS NOT SUBMITTED, A GRADE (A, B, C, D, F) OF _______ HAS BEEN ASSIGNED BY THE INSTRUCTOR. If a grade is not entered here, a grade of F will be assigned.

Signatures Required:  Instructor________________________________________________ Date______________________________

Student__________________________________________________ Date_____________________________

Original- Admissions and Records Please make a copy of this signed document for the student and instructor before forwarding to A&R.

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