

CONDITIONS FOR ISSUING/REMOVAL OF INCOMPLETE GRADE

(Please see reverse side for details)

TO: _____ T# _____

Course No. _____ Section _____ Title _____

Semester _____ 20 _____

The work you have completed to date in this course and your attendance has been satisfactory.
I have awarded you an Incomplete ("I") grade for the reason stated below:

Reason for Awarding Incomplete

Assignments/Examinations to be Completed

Date (s) Assignment (s) Due or Examination (s) to be Taken

Student's Signature Date

Instructor's Signature Date