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REQUEST FOR GRADE OF INCOMPLETE

The grade of “I” (Incomplete) can only be given by an instructor when a student, who is doing otherwise acceptable work, is unable to complete a course (e.g., final exam or term paper) because of illness or other conditions beyond the student’s control. Unfinished work must be completed with the same instructor except under extenuating circumstances. **The completion date is determined by the instructor but may not exceed one calendar year from the date the mark of “I” is recorded.** Refer to the current *Catalog* for further details.

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| To be completed by the student and filed with the instructor at the time an “incomplete” grade is requested. | | | | | | | | | | | | | | |
| Name (Last, First, Middle) | | | | | | ASU I.D. No. | | | | Major | | Date of Request | | |
| Local Address (No., Street, Apt.) | | | | | | City, State, Zip | | | | E-mail | | Phone | | |
| Course Prefix and No. | Title | | | | Schedule Line No. | | | Semester Year | | | Instructor Name | | |
| Reason For Request | | | | | | | | | | | | | | |
| I Expect to Be Incomplete In the Following: | | | | | | | | | | | | | | |
| Proposed Completion Date | | | | | | | Student Signature | | | | | | | |
| **TO BE COMPLETED BY THE INSTRUCTOR.** Be explicit in the event that unexpected circumstances prevent you from processing the Change of Grade by the agreed date. | | | | | | | | | | | | | | |
| Student Must Complete The Following Work: | | | | | | | | | | | | | | |
| Grade Earned To Date | | Grade To Be Awarded If Work Not Completed | Date Work To Be Completed And In Possession Of Instructor\* | | | | | | Approved  Approved  as modified  Disapproved | | | | | |
| Instructor’s Signature | | | | Date | | | Department Chair’s Signature | | | | | | Date | |

**\* Student has one calendar year from the date the mark of “I” is recorded to complete the course.**