SUL ROSS RIO GRANDE COLLEGE
REQUEST FOR INCOMPLETE GRADE

STUDENT NAME_________________________ A#_________________________

SEMESTER_________________________ YEAR__________________

COURSE: Prefix:__________ Number: ___________ Section: ____________

COURSE TITLE: ____________________________________________

Student may have a maximum of one academic year in which to remove incomplete grade. If the work is not completed by the deadline set, the incomplete grade is converted to an “F”.

Date incomplete grade assigned_____________________________

Date incomplete grade to be completed_______________________

Requirement(s) to remove incomplete grade

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Justification for assigning an incomplete

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_____________________________________________________________________________

_____________________________________________________________________________

REQUIRED

Student Signature_________________________________________ Date________________

Faculty Member___________________________________________ Date________________

Dept. Chair_______________________________________________ Date________________

Rev. 10/1/15