

Evangel University
Records and Registration
Incomplete (I) Grade Request Form

Student ID Number: _____ Date: _____

Name: _____

Course #: _____ Title: _____

Semester: FA SP SU Year: _____

This request for an Incomplete (I) is to be student-initiated. It is granted ONLY on the basis of serious illness or a similar extenuating circumstance that materially affects the student's ability to complete all course requirements. *An incomplete will not be granted solely on the basis of a student needing more time.* The incomplete MUST be cleared by mid-term of the next semester.

STUDENT STATEMENT:

I am unable to complete the requirements for the above course due to:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Death in Family |
| <input type="checkbox"/> Accident | <input type="checkbox"/> Other |

This made it impossible to complete the course work because:

Student's Signature: _____ Date: _____

DEPARTMENTAL STATEMENT:

- I approve of this incomplete grade request.

The extension of time requested will permit the student to complete work that may affect the overall evaluation. The extenuating circumstances described above were a factor in the student's inability to complete the work. I am able to supervise the complete of this work.

The extension is granted until: _____ / _____ / _____ (Month/Day/Year)

If the student chooses not to complete the work, a grade of _____ will be assigned as the final grade for this course.

- I disapprove of this Incomplete grade request because: _____
- _____

Instructor's Signature: _____ Date: _____

Departmental Chair Signature: _____ Date: _____

Please returned signed copy to the Records and Registration Office.