GLENVILLE STATE UNIVERSITY
1872

REQUEST FOR GRADE
OF INCOMPLETE
(RO-02/24)

Registrar's Office   200 High Street, Glenville, WV 26351   304-462-4117   Fax 304-462-8619   registrar@glenville.edu

Student's Name: _____   GSU ID #: _____

☐ Graduate Student (If checked, Director of Graduate Studies signature will be required.)

CRN-Subject-Course-Section: _____   Credits: _____

Semester: ☐ Fall   ☐ Spring   ☐ Summer   Year: _____

The student and I have agreed the coursework must be completed by:

☐   No later than the end of the following semester (per policy)   ☐ Earlier date _____
MMDDYY

Work **NOT** completed by the student: (check all that apply)

☐   Final Exam   ☐   Regular Semester Exam   ☐   Term Paper   ☐   Other (specify below)

_____

_____

Justification for assigning a grade of "I": _____

_____

_____

Instructor Signature: _____   Date: _____

By signing this form below, I acknowledge and understand I must complete all missed coursework by the deadline specified above or my grade of "Incomplete" will automatically change to a grade of "F" or "NC".

Student Signature: _____   Date: _____

Graduate Program Coordinator: _____   Date: _____
(If applicable)

☐ Approved   ☐ Denied

Provost: _____   Date: _____

NOTE: When coursework is completed, the instructor must complete and submit a "Grade Change Request" form to change the grade of "Incomplete" to the grade earned by the student.