



REQUEST FOR GRADE OF INCOMPLETE

(RO-02/23)

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: _____

Director of Graduate Studies: _____ Date: _____

(If applicable)

☐ Approved ☐ Denied

VP for Academic Affairs: _____ 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.