

REQUEST FOR INCOMPLETE GRADE

This form should be used to officially request an Incomplete grade.

Student Name

Student ID#

Date

Course Number: _____

Course Title: _____

Semester: **Fall** **Spring** **Summer** **Year** _____

Campus Course Offered: **New Brunswick** **Newark**

Reason for Incomplete:

Original Due Date: _____ **Revised Due Date:** _____

The instructor named above agrees to permit the named student to take an incomplete in the named course to be made-up on, or before, the date above (in no case to exceed ONE calendar year beyond date of this document and to be the minimum practical time beyond the original due date).

The student agrees to submit all make-up work required by the instructor by the following date or failing that, the student must notify the instructor at least 15 days before the revised date which work will be submitted (a maximum of one extension time will be permitted but no more than one calendar beyond the date of this document). Final approval must be received from the Department Chair.

Both the instructor and the student understand that a normal penalty for lateness is to apply and this penalty is to be proportionate to the amount of time extended for make-up. Such grade penalties however, may be mitigated in cases where serious illness to self and/or immediate family are involved.

The student understands that failure to comply with this agreement will result in a grade of "F" for the above named course.

Student's Signature

Date

Course Instructor's Signature

Date

Copies to: Office of the Registrar Campus Office Course Instructor Faculty Advisor Student
