



Request for Incomplete Grade

This form should be used to officially request an Incomplete (INC) grade only after meeting with the course instructor and the Office of Student Experiences, Public Health Practice, and Alumni Affairs (SEAA). Students for whom there is documentation of at least average, but preferably above average, work in a course, and under unusual circumstances (e.g., illness), may request a grade of INC. Mere absence from class does not constitute an INC grade. An INC grade will be given when, in the opinion of the instructor, the SEAA and the Office for Academic Affairs, the student is eligible for an INC grade and the nature of the course is such that the educational opportunity can be completed within one year. This form must include a detailed plan and timeline for completion of outstanding course requirements. See the Incomplete Grade Policy for detailed information on eligibility, request procedures, maximum time allotments, and course registration restrictions.

Student Name _____

Student ID# _____

Date _____

Course Number: _____

Course Title: _____

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

Location Course Offered: ☐ New Brunswick ☐ Newark ☐ Online

To be completed by student:

Eligibility Requirements:

- Are you requesting this Incomplete (INC) grade after the last day to withdraw from courses? ☐ Yes ☐ No
- Have you completed at least some of the required assessments in the course?
(If you have completed none or only a few assessments, then an INC grade is not permissible.) ☐ Yes ☐ No
- Have you discussed this INC grade and your eligibility with both the course instructor and the Office for Student Experiences and Alumni Affairs (SEAA)? ☐ Yes ☐ No

Reason for Incomplete:

Incomplete Grade Requirements:

- If this Request for Incomplete Grade is approved,
- do you understand you must complete all of the outstanding coursework on, or before, the revised due date indicated on this form (page 2)? ☐ Yes ☐ No
- do you understand you need to notify the course instructor at least 1 month before the revised due date, if you will be unable to meet the revised deadline? ☐ Yes ☐ No
- do you understand you need to submit a new Request for Incomplete Grade form if due dates are revised and approved to beyond what is listed on this form? ☐ Yes ☐ No
- do you understand 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. ☐ Yes ☐ No
- do you understand that failure to comply with this agreement will result in a grade of "F" for the above named course? ☐ Yes ☐ No
- do you understand you are expected to regularly meet with the course instructor while resolving this incomplete grade? ☐ Yes ☐ No

To be completed by the course instructor:

Eligibility Determination:

Has the student met with the course instructor to determine eligibility for an INC grade? ☐ Yes ☐ No
 Is the student eligible for an INC grade? ☐ Yes ☐ No

To be completed by the Office of Student Experiences, Public Health Practice, and Alumni Affairs (SEAA):

Eligibility Determination:

Has the student met with the SEAA to determine eligibility for an INC grade? ☐ Yes ☐ No
 Is the student eligible for an INC grade? ☐ Yes ☐ No

Both the course instructor and the SEAA need to assess and confirm the student's eligibility.

Approved Plan to Resolve Incomplete (to be approved by course instructor):

(The pre-approved plan must specify the tasks, assessments, and a timeline required to complete the course.)

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

The student must notify the course instructor at least one month in advance, or by _____ (date), if they are unable to meet the revised due date. Extensions beyond the revised due date are not guaranteed and require additional approval. Failure to communicate in a timely manner may result in a final grade being assigned based on completed work.

_____ Student Signature	_____ Date	_____ Academic Advisor Signature	_____ Date
_____ Course Instructor Signature		_____ Date	
_____ Department Chair/Vice-Chair/Concentration Director (SPH) Signature		_____ Date	
_____ Associate Dean for Academic Affairs (SPH) Signature		_____ Date	
_____ Senior Associate Dean (SGS RBHS-New Brunswick/Piscataway) Signature		_____ Date	

**RETURN TO
OFFICE OF THE
REGISTRAR**

Copies to:
 Office of the Registrar-SPH
 Office of the Registrar-SGS
 Office of Student Experiences
 Course Instructor
 Academic Advisor
 Student