

UNION COLLEGE
OFFICE OF THE REGISTRAR
INCOMPLETE GRADE REQUEST

STUDENT: This form must be completed and submitted to your instructor BEFORE the final day of exams. A separate form must be submitted for each course for which you request an 'I' - Incomplete final grade. Supply the form to your instructor, who will submit it to the Registrar's Office in Silliman Hall.

Student **Printed** Name _____ ID _____

I am requesting an extension of time to complete the required work for the following course:

Course Number & Section: _____ Term: _____

Title: _____

*Student **Signature**: _____

*If the student cannot fill out the form because of extenuating circumstances, it may be filled out by the instructor or Dean of Studies.

Extenuating circumstances justifying the incomplete grade:

INSTRUCTOR APPROVAL: I have agreed to grant the above student an Incomplete grade. The following work is needed to complete the course requirements:

Date Due: _____ Grade if no additional work submitted: _____

The work for the course must be completed no later than two weeks after the last day of the examination period. When the work has been completed, the instructor should submit the grade on departmental letterhead to the Registrar's Office. **For security purposes, please do not email the grade.**

Instructor's Approval Signature: _____ Date _____

Instructor's Written Name: _____