

## **REQUEST FOR GRADE OF INCOMPLETE**

The grade of "I" (Incomplete) can only be given by an instructor when a student, who is doing otherwise acceptable work, is unable to complete a course (e.g., final exam or term paper) because of illness or other conditions beyond the student's control. Unfinished work must be completed with the same instructor except under extenuating circumstances. The completion date is determined by the instructor but may not exceed one calendar year from the date the mark of "I" is recorded. Refer to the current *Catalog* for further details.

To be completed by the student and filed with the instructor at the time an "incomplete" grade is requested.

| Name (Last, First, Middle)                  |       | ASU I.D. No.     |                          | Major |                 | Date of Request |  |  |  |
|---|-------|------------------|--------------------------|-------|-----------------|-----------------|--|--|--|
| Local Address (No., Street, Apt.)           |       | City, State, Zip | City State Zip           |       |                 | Phone           |  |  |  |
| Local Address (1905, Steel, Apr.)           |       | Gity, State, Zip | City, State, Zip         |       |                 | THORE           |  |  |  |
| Course Prefix and No.                       | Title | Schedule Line No | e Line No. Semester Year |       | Instructor Name |                 |  |  |  |
| Reason For Request                          |       |                  |                          |       |                 |                 |  |  |  |
|   |       |                  |                          |       |                 |                 |  |  |  |
|   |       |                  |                          |       |                 |                 |  |  |  |
|   |       |                  |                          |       |                 |                 |  |  |  |
|   |       |                  |                          |       |                 |                 |  |  |  |
| I Expect to Be Incomplete In the Following: |       |                  |                          |       |                 |                 |  |  |  |
|   |       |                  |                          |       |                 |                 |  |  |  |
|   |       |                  |                          |       |                 |                 |  |  |  |
|   |       |                  | 0'                       |       |                 |                 |  |  |  |
| Proposed Completion D                       | Vate  | Student          | Signature                |       |                 |                 |  |  |  |
|   |       |                  |                          |       |                 |                 |  |  |  |

## TO BE COMPLETED BY THE INSTRUCTOR. Be explicit in the event that unexpected circumstances prevent you from

| processing the Change of Grade by the agreed date. |                             |                           |                |                  |             |              |  |  |
|--|-----------------------------|---------------------------|----------------|------------------|-------------|--------------|--|--|
| Student Must Complete The Following Work:          |                             |                           |                |                  |             |              |  |  |
| -  | ~                           |                           |                |                  |             |              |  |  |
|  |                             |                           |                |                  |             |              |  |  |
|  |                             |                           |                |                  |             |              |  |  |
|  |                             |                           |                |                  |             |              |  |  |
|  |                             |                           |                |                  |             |              |  |  |
|  |                             |                           |                |                  |             |              |  |  |
|  |                             |                           |                |                  |             |              |  |  |
|  |                             |                           |                |                  |             |              |  |  |
|  |                             |                           |                |                  |             |              |  |  |
| Grade Earned To Date                               | Grade To Be Awarded If Work | Date Work To Be Con       | npleted And In |                  |             |              |  |  |
|  | Not Completed               | Possession Of Instructor* |                |                  | Approved    |              |  |  |
|  |                             |                           |                |                  | as modified | Disconnected |  |  |
| T N C  |                             |                           | <b>D</b>       | Approved         |             | Disapproved  |  |  |
| Instructor's Signature                             |                             | Date                      | Department Ch  | iair's Signature |             | Date         |  |  |
|  |                             |                           |                |                  |             |              |  |  |
|  |                             |                           |                |                  |             |              |  |  |
|  |                             |                           |                |                  |             |              |  |  |

\* Student has one calendar year from the date the mark of "I" is recorded to complete the course.