REQUEST FOR GRADE OF "INCOMPLETE"
UNIVERSITY OF NORTH TEXAS
POLICY FOR THE GRADE OF "INCOMPLETE"

Academic Unit or Department _________________________

University Policy regarding the Grade of "Incomplete" as stated in the Undergraduate Catalog, University of North Texas Bulletin:

I – Incomplete; a non-punitive grade given only during the last one-fourth of a semester and only if a student (1) is passing the course; (2) has justifiable reason why the work cannot be completed on schedule; and (3) arranges with the instructor to finish the course at a later date by completing specific requirements that the instructor must list on the grade sheet. All work in the course must be completed within the specified time (not to exceed one year after taking the course).

Section 1 – REQUEST FOR GRADE OF INCOMPLETE

Student name: Last________________________, First________________________ Student ID #________________________

Semester: Fall______ Spring______ Summer______ Year:______ Instructor________________________

Course, section, and class number ________________________________

Specified date for work completion ___________________________ (maximum 1 year from original assignment of "I")

Justification for request of grade of Incomplete __________________________

Attach appropriate documentation such as medical report, obituary notice, court appearance notice, etc.

Section 2 – ASSIGNING GRADE OF INCOMPLETE

I assign the grade of Incomplete to the above-referenced student with the understanding that the coursework listed below will be completed within the time specified not to exceed one year as allowed by University policy. Upon completion of the work, the "Removal of I" form must be processed. If the work is not completed within the specified time, as the instructor I have the option to change the grade of "I" to an appropriate letter grade. If the work specified is to repeat the course, the student is required to register for the course a second time. In this case, the original "I" remains on the transcript.

Date incomplete to be fulfilled __________________________ Grade earned if the Incomplete requirement(s) is(are) not met __________________________

Signature – Original Instructor (Chair assigns grade if instructor is not available. TAs/TFs must obtain departmental signature) __________________________ Date________________________

Signature – Student __________________________ Date________________________

Signature – Department/Division Chair __________________________ Date________________________

Approved: 2/05