

The University of Findlay
Incomplete Grade Request

Student Name: _____
(Please Print)

Social Security Number or Student I.D. Number: _____

Course Department and Number: _____

Course Title: _____

Course Session and Year: _____ Course Hours: _____

Instructor Name: _____
(Please Print)

Material Due Date if Required Before Ten Week Due Date: _____

Minimum conversion grade if no additional work is completed: _____

Please issue a grade of "X" to the student named above. **The documented circumstance(s) preventing the completing of the course work is attached.** The student must complete the course work within ten weeks (or a shorter time period based on my discretion) immediately following the end of the course session listed above. The time limit may be extended, up to one year from the end of the course session listed above, at the Instructor's discretion and the discretion of my Dean. If the student does not complete the required course work within the prescribed time period, the "X" grade will automatically convert to an "F" unless otherwise stated above.

Instructor Signature: _____ Date: _____

Dean Signature: _____ Date: _____

I concur with the information above:

Student Signature: _____ Date: _____

White: Registrar's Office

Registrar: _____

Yellow: Instructor

Date: _____

Pink: Student