

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: \_\_\_\_\_

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**White: Registrar's Office**

**Registrar:** \_\_\_\_\_

**Yellow: Instructor**

**Date:** \_\_\_\_\_

**Pink: Student**