Office of the Registrar

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Fax: (570) 961-4758

E-mail: registrar@maryu.marywood.edu

Website: www.marywood.edu

INCOMPLETE GRADE REQUEST

Policy Governing Incomplete Grade:

- An Incomplete grade (**I** grade), may be requested by a student who has done satisfactory work in a course but has not completed all course requirements **due to illness or some other emergency situation.**

- The student is responsible for making satisfactory arrangements with the faculty member for completion of course requirements.

- An Incomplete grade must be resolved by the faculty member within 30 days after the opening of the following semester.

- If the faculty member fails to resolve the Incomplete grade within 30 days after the opening of the following semester, the University Registrar will assign the permanent grade specified below by the faculty member.

- If no grade is specified by the faculty member, the University Registrar will assign the permanent grade of F* or U, as appropriate.

Student Information *To be completed by the student.*

☐ Fall   ☐ Spring   ☐ Summer I   ☐ Summer II | Year: 20__ __

Student Name: _____

I request an Incomplete grade for the following course:

Subject: _____   Course Number: _____   Section: _____   Title: _____

Student Certification *By my signature, I acknowledge and understand the terms governing the request for an Incomplete grade as outlined above.*

_____

Student Name   Student Signature   Date

Faculty Information *To be completed by the faculty member.*

If the above student fails to complete requirements for the course specified, the **Incomplete** grade will become the following permanent grade.

Permanent grade to be assigned: _____

Faculty Certification *By my signature, I authorize the issuance of an Incomplete grade.*

_____

Faculty Name   Faculty Signature   Date

Faculty Member: Please submit this form to the Office of the Registrar by the grade submission deadline for the semester in which the Incomplete grade is to be issued.

An I grade may not be assigned without completion of the incomplete request form.

———————————————————— FOR OFFICE USE ONLY ————————————————————

Grade Changed By: _____   Date: _____/_____/_____ | Grade Verified By: _____   Date: _____/_____/_____

08/13

INCOMPLETE REQUEST