

WAGNER COLLEGE RECORD OF THE GRADE OF INCOMPLETE -

Name _____ Student ID # _____
Please Print (last name) (first name)

Semester and year course taken: _____ YEAR _____

An Incomplete grade (I) may be assigned to a student who is passing a given course, and who has completed the majority of the assignments, but who, for valid reasons, has not been able to complete a portion of the work. Such a grade is assigned at the discretion of the instructor. When an Incomplete is assigned, it must be recorded on the appropriate form in the Registrar's Office. The record is to include the reason for the grade, requirement(s) for its removal and the grade level of work prior to the granting of the Incomplete. A student must complete any remaining work within one regular semester after the date the grade is recorded, unless the instructor stipulates a shorter time period at the time the Incomplete grade is issued. Otherwise, the Registrar will automatically convert the Incomplete to an "I/F" (Incomplete Failure). The grade of "I/F" will count as an "F" in the calculations of the student's semester and cumulative grade point averages. Once the grade has turned into an "I/F", the grade will not be reversed. Exceptions to this policy must be approved by the chairperson of the department in which the course is offered and by the Dean of the College. A student receiving a grade of incomplete is ineligible for Dean's List honors that semester.

Department _____ Course Number _____ Section Number _____

What is the approximate grade for the completed portions of this course? _____

Reason for the Request:

Specific Course Requirements to be Completed:

Deadline for completion/submission of additional requirements: _____

Instructor Name (**Please Print**): _____

Instructor Signature _____ Date _____

This form is to be completed by the Instructor awarding the "Incomplete" grade, and should be forwarded to the Registrar for completion. After recording, copies will be sent to the Instructor, Department Chairperson and Student.

OFFICE USE ONLY

Date Received: _____ Copies Sent: to Instructor _____ to Department Chairperson _____ to Student _____