

**Evangel University**  
Records and Registration  
Incomplete (I) Grade Request Form

Student ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Course #: \_\_\_\_\_ Title: \_\_\_\_\_

Semester: FA SP SU Year: \_\_\_\_\_

This request for an Incomplete (I) is to be student-initiated. It is granted ONLY on the basis of serious illness or a similar extenuating circumstance that materially affects the student's ability to complete all course requirements. *An incomplete will not be granted solely on the basis of a student needing more time.* The incomplete MUST be cleared by mid-term of the next semester.

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**STUDENT STATEMENT:**

I am unable to complete the requirements for the above course due to:

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Illness  | <input type="checkbox"/> Death in Family |
| <input type="checkbox"/> Accident | <input type="checkbox"/> Other           |

This made it impossible to complete the course work because:

\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**DEPARTMENTAL STATEMENT:**

- I approve of this incomplete grade request.

The extension of time requested will permit the student to complete work that may affect the overall evaluation. The extenuating circumstances described above were a factor in the student's inability to complete the work. I am able to supervise the complete of this work.

The extension is granted until: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month/Day/Year)

If the student chooses not to complete the work, a grade of \_\_\_\_\_ will be assigned as the final grade for this course.

- I disapprove of this Incomplete grade request because: \_\_\_\_\_
- \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Departmental Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please returned signed copy to the Records and Registration Office.*