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.

STUDENT STATEMENT:

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

☐ Illness ☐ Death in Family
☐ Accident ☐ Other

This made it impossible to complete the course work because:
________________________________________________________________________
________________________________________________________________________

Student’s Signature: ____________________________ Date: ____________________________

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.