



INCOMPLETE GRADE REQUEST

INCOMPLETE GRADE POLICY INFORMATION

This request for an Incomplete (I) grade is to be student-initiated. It is granted ONLY based on a serious illness or a similar exceptional circumstance that materially affects the student's ability to complete all course requirements. *An incomplete will not be granted solely based on a student needing more time.* The incomplete must be cleared by the below deadlines.* Furthermore, students should have completed at least 70 percent of the coursework with an overall passing grade before an incomplete grade is granted. Students must obtain signatures of course instructor and chair/dean before submitting this form to the registrar.

Deadlines:

Traditional Undergraduate and Master Students: 90 days following the last day of class.

Doctoral Students: 45 days following the last day of class.

COL Undergraduate Students: By the start of the second seven-week course in the next semester, including summer.

Some incomplete grades may be extended to be cleared later than the above deadlines due to exceptional circumstances, but such exceptions are only granted on a case-by-case basis with the Registrar's input.

*An I grade that is not cleared by the deadline will be changed to an F or other grade the faculty member has designated on this form below.

STUDENT AND COURSE INFORMATION

Student ID Number: _____ Date: _____

Name: _____

Course #: _____ Title: _____

Semester: FA SP SU Year: _____

STUDENT STATEMENT:

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

- Illness Death in Family Accident Other

Unable to complete the course work because: _____

Student's Signature: _____ Date: _____

FACULTY/DEPARTMENTAL STATEMENT:

- I approve of this Incomplete grade request. The course work must be submitted within 45 or 90 days (see above deadlines per student degree program) following the last day of class or earlier on the following date_____ .

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 will supervise the completion of this work. *If the student chooses not to complete the work, I request that a grade of _____ be recorded as the final grade for this course.*

- I disapprove of this Incomplete grade request because: _____

SIGNATURES

Instructor's Signature: _____ Date: _____

Official Signature (Dept. Chair/Director): _____ Date: _____

Submit fully signed form to the Grades@evangel.edu/Records and Registration, Riggs Hall, 304.