



St. Mary's College of Maryland
at Historic St. Mary's City

**REQUEST FOR A GRADE OF
"INCOMPLETE"**

Name _____	ID# _____
Instructor's Name _____	
Course Title _____	Course Number _____
Semester Enrolled _____	Credits _____
<i>Both of the following pieces of information must be provided in order for the student to receive an Incomplete instead of a grade of F:</i>	
Request for Incomplete must be based on one of the following. Please check which:	
extended illness	other emergency
Grade to be recorded on permanent record if incomplete grade is not removed _____	

Work to be submitted to remove the grade of "INCOMPLETE":

<i>I agree to submit course work to the instructor by the 4th week of the following semester.</i>	
Student Signature _____	Date _____
<i>If the student submits the missing course work by the 4th week of the following semester, I agree to submit a removal of incomplete form to the Office of the Registrar by the end of the 6th week of the following semester. If I do not submit a removal of incomplete form by that deadline, I understand that the grade indicated above will be recorded on the student's permanent record.</i>	
Instructor Signature _____	Date _____