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_____

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:

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 agree to submit course work to the instructor by the 4th week of the following semester.

Student Signature_____Date_____

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.

Instructor Signature_____Date_____

Effective Fall 2001