

Africa International University

Academic Affairs

INCOMPLETE GRADE REQUEST

STUDENT NAME: _____

STUDENT NUMBER: _____

PROGRAMME OF STUDY: _____

Course Code and Title for the Incomplete Grade _____

Term and Year Course was taken: _____

Extension Studies only:

Beginning date _____ Ending Date _____

Venue/Cohort Name _____

Circle the reasons for requesting an Incomplete Grade (an explanation and related documentation must be attached).

1. Emergency circumstance of immediate family member (medical or death).
2. Major illness of the student during the term/course.
3. Work related Travel/Emergency.

Due date for late assignment: _____

(To be agreed upon with the faculty member & Academic Affairs Office)

Student Name: _____ Student Signature: _____

Date: _____

Faculty Name: _____ Faculty Signature: _____

Date: _____

Academic Affairs Approval: _____ Date: _____

Original to Registry

Copies to Student and Faculty Member