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

Records Office 2011