REQUEST FOR INCOMPLETE FORM

W&J ID: ____________________
Date: ____________________

Last Name ____________________  First Name ____________________  Middle Name ____________________

Campus Box ____________________  Current Phone Number ____________________  Email ____________________

Year (circle one):  FR  SO  JR  SR

Course ID: ____________________

I am requesting a grade of Incomplete for the above course. I understand that I am responsible for completing the work specified below within the first four weeks of the start of the next full term, or by the date specified below, whichever comes sooner. If I do not do so, the Incomplete will automatically convert to an F for the course.

(Student Signature) ____________________  (Today’s Date) ____________________

For Faculty Use Only

Please limit the granting of Incompletes to students with family or medical emergencies that prevent them from completing a final paper or project or taking a final exam. Specify below the work the student should complete and a deadline for doing so. College policy is that work must be completed no later than four weeks after the start of the next full term.

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

(Date by which work is to be completed) ____________________

(Faculty Name) ____________________  (Academic Affairs Name) ____________________

(Faculty Signature) ____________________  (Today’s Date) ____________________  (Academic Affairs Signature) ____________________  (Date) ____________________