



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)