

Office of the Registrar  
 PO Box 179, Lincoln University, PA 19352  
 (484) 365-8087 (484) 365-8116 Fax  
 Lincoln Hall, 2<sup>nd</sup> Floor



## INCOMPLETE GRADE SUBMISSION

Revised Edition 02/21/11

Last Name	First Name	Initial	Student Id#
_____	_____	_____	_____

Course ID: _____ <small>(e.g. ART 200 01)</small>	Course: _____	Semester: _____ <small>(e.g., Fall 2000)</small>
Instructor: _____		

Summary Reason Incomplete Grade is Justified	(Attach student request and any other documentation)
--	--

1. Student has a reasonable chance to pass course once completed work is deemed acceptable?    Yes \_\_\_\_\_ No \_\_\_\_\_
2. To date, student has completed \_\_\_\_\_% of the total work for the course.
3. Final grade if no other work is submitted: \_\_\_\_\_
4. Work to be completed:
  - Tests/Exams \_\_\_\_\_
  - Papers \_\_\_\_\_
  - Labs/Projects \_\_\_\_\_
  - Other (be specific) \_\_\_\_\_
5. Deadline for all work to be received by instructor: \_\_\_\_\_  
 The due date must be no later than March 15<sup>th</sup> for Summer and Fall semesters, and November 15<sup>th</sup> for Spring semester.
6. Instructor Certification
  - I HAVE** explained to the student the assignments or examinations to be completed for removal of the *Incomplete* grade.
  - I HAVE NOT** explained to the student the conditions for removal of the *Incomplete* grade.

Instructor's signature _____	Date: _____
Chair's signature _____	Date: _____
Dean's signature _____	Date: _____
Final grade awarded _____	Date: _____

**FOR USE BY OFFICE OF THE REGISTRAR**

Approval: _____	Entered by: _____	Date: _____
-----------------	-------------------	-------------