

**Anderson College**  
**Office of Registrar**  
**REQUEST FOR INCOMPLETE GRADE**

Student \_\_\_\_\_ Social Security # \_\_\_\_\_

Course \_\_\_\_\_ Instructor \_\_\_\_\_  
 Department Course # Section

*A grade of "I" (Incomplete) may be requested by a student or instructor when circumstances beyond the student's control keep the student from completing all course requirements by the end of the semester. If a grade of "I" is granted, the work must be completed within 30 days following the end of the academic term in which the "I" was requested.*

Dates of Absence	Circumstances	Course Work Missed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Plans for completion of work \_\_\_\_\_

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**NOTE: The grade for the course must be turned in to the Registrar within 10 days of the date below or the grade will be recorded as "F".**

Date final grade to be reported by faculty member \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Instructor \_\_\_\_\_ Date \_\_\_\_\_

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Date this Form Received by Registrar \_\_\_\_\_ Initials \_\_\_\_\_

Final Grade \_\_\_\_\_ Date submitted \_\_\_\_\_

Signature of Instructor \_\_\_\_\_