The University of Toledo

College of Arts & Letters

College of Natural Science and Mathematics

Incomplete Grade Documentation/Extension Form

Copy for Student, Instructor, and the Department

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| Student Name: |
| Rocket Number: Term: |
| Course & Section Number: Credits: |
| Course Title: |
| The conditions for awarding this grade of Incomplete “IN” are those specified by University regulations and the grading criteria of the specific department. The grade of “IN” must be removed before the last day of class of the term following the term in which it is received (excluding summer). Otherwise the “IN” will automatically be converted to a grade of “F.” |
| This “IN” grade must be removed on or before \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_by satisfying the following conditions:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In event that these conditions are not satisfied by the specified date, the grade of “IN” will be replaced by the grade of \_\_\_\_\_\_. |
| Faculty Name (Please print) Faculty Signature Date |
| STUDENT’S ACKNOWLEDGMENT |
| I have read and understand the conditions stated above for the removal of the grade of “IN” in the above course. |
| Student’s Signature: Date: |
| Copy has been forwarded to Student Services \_\_\_ Date: |

REQUEST FOR EXTENSION OF TIME

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| In special cases, a faculty member may grant a student a one-semester extension to complete the required work for the removal of the grade of “IN”. This request must be initiated by the faculty member and approved by the appropriate academic dean. Please complete the section below if an extension beyond the normal period of one semester is requested. *A copy of this form must be forwarded to the Registrar’s Office in these cases.* |
| This is to certify that the above student is granted a one-semester extension to complete the work for the removal of this grade until: |
| Faculty Signature: Date: |
| Dean’s Office Approval: Date: |
| Copy of Request for Extension has been forwarded to Registrar Stu. Services \_\_\_ Date: |

Revised 1/17