



Student's Name

CWID (Student ID Number)

SEMESTER/YEAR:    Fall                      Winter                      Spring                      Summer

Full Course Number                      Title

Reason for Incomplete:

Student's Signature \_\_\_\_\_

Date

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Plan for Removal of Incomplete (specification of work to be completed)

Date by which work must be completed:

NOTE TO INSTRUCTOR: Instructor is responsible for submitting a change of grade form for the above course by the deadline date noted but not later than:

**February 15** for Fall and Winter incompletes

**June 30** for Spring

**October 15** for Summer incompletes

**Grades of "IN" not replaced by the appropriate deadline will become grades of "F"**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's Signature

INSTRUCTOR DISTRIBUTES AS FOLLOWS:

- Student
- Instructor
- Department Chair

To be completed by the Instructor