



Student's Name

CWID (Student ID Number)

SEMESTER/YEAR: Fall Winter Spring Summer

Full Course Number Title

Reason for Incomplete:

Student's Signature _____

Date

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