



To be completed by the Student (or by the Instructor if the Student is unable to present this request in person)

Student's Name

Student ID Number

Student's Address

Full Course Number

Subject Code- Course Number -Section No.

Course Title

Semester in which course was taken: Fall Year

Winter Year

Spring Year

Summer Year

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

Date

**DATE BY WHICH WORK MUST BE COMPLETED:**

**NOTE TO INSTRUCTOR:** Instructor is responsible for submitting a Change of Grade for this course by the above date.

**Distribution:** Original submitted to **Office of the Registrar by Dean** no later than: **February 15** for Fall and Winter Incomplete grades, **June 30th** for Spring Incomplete grades, and **October 15th** for Summer Incomplete grades; Dean forwards a copy to Instructor and a copy to Student

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

Chairperson's Signature \_\_\_\_\_

Date \_\_\_\_\_

Dean's Signature \_\_\_\_\_

Date \_\_\_\_\_