



# HENDRIX

## Office of the Registrar

### REPORT ON INCOMPLETE GRADE

All information requested below must be provided.

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Course Name: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Instructor's Name(printed): \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Reason for inability of student to complete course requirements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Course requirements necessary for removal of Incomplete: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**This work must be completed and the final course grade reported to the Registrar's Office by:**

**Fall deadline date:** \_\_\_\_\_ (cannot be later than **Feb 15<sup>th</sup>** for fall courses)

**Spring deadline date:** \_\_\_\_\_ (cannot be later than **August 25<sup>th</sup>** for spring courses)

If the requirements for this Incomplete are not completed by the above date, the course grade will automatically be converted to the grade of \_\_\_\_\_.

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(revised 6/7/2018)