WESTERN CONNECTICUT STATE UNIVERSITY
REQUEST FOR INCOMPLETE GRADE

I, (name) ________________________________________, (SSN) ________________________, request an Incomplete grade in the following course and understand the requirement(s) stated below for the completion of this course.

<table>
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<tr>
<th>Course:</th>
<th>Dept.</th>
<th>Course No.</th>
<th>Section No.</th>
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Semester: Fall  Int  Spr  SS1  SSII  SSIII  ( Circle One )

Year

Instructor, indicate course work yet to be completed by student (if exam, leave a copy with department secretary) and possible grades:

If above work is completed, course grade may be as high as: ____________.

If work is not completed, grade should be: ____________.

(NOTE: Grades may range from A through F. A grade of W or RP may also be recommended on this form.)

If the grade is not changed by the sixth week of the semester the student is next in attendance (the full semester for graduate students) or, if the student does not return, after one year, the Incomplete will be changed to the lower grade indicated above.

Signature of Instructor: _________________________________

Date

Signature of Student: _________________________________

Date

RESOLUTION OF INCOMPLETE GRADE

(Instructor: Please indicate below the resolution of the above Incomplete grade. Return this completed form to the Registrar's Office. See note above.)

[ ] Work has been satisfactorily completed. Final grade is ____________.

[ ] Work not satisfactorily completed. Final grade is ____________.

[ ] Extend date for completion of work to: _____ / _____ / ______.

Signature of Instructor: _________________________________

Date

[copies: White-student; Yellow-department; Pink-Registrar's Office]