



REPORT ON INCOMPLETE OR DEFERRED GRADE

DIRECTIONS: Fill in appropriate items below; print, sign and submit to your department chairperson at the end of the semester or session in which the incomplete or deferred grade is granted.

This is a report on **Incomplete Grade** for **Deferred Grade**
Select one box from above

Student Name: _____ Student ID: _____
(Last, first, middle initial)

Course Designator & No.: _____ Credit Hrs.: _____ Section Number: _____

Semester Enrolled: _____ Fall _____ Spring _____ Summer I _____ Summer II
Year: _____

REMAINING REQUIREMENTS TO REMOVE INCOMPLETE OR DEFERRED GRADE

Please Check

- Examination (where available, who should grade, etc) _____
- Paper (describe assignment, who should evaluate, etc) _____
- Other (specific requirements) _____
- Student's grade at this point _____
- Weight of the current grade (i.e. 50%, 80%, etc.) _____

Other pertinent information which will be of help in accurately evaluating this student in absence of instructor.

Instructor Signature

Date