INCOMPLETE GRADE FORM
Winthrop University
Richard W. Riley College of Education

Notification of Grade of Incomplete

(This form must be filed in the office of the department chair in which the course is taught when a grade of Incomplete is being assigned). Note current catalog statement for policies governing assignment and removal of a grade of Incomplete.

Student Name________________________________________ Student Number______________________

<table>
<thead>
<tr>
<th>Subject</th>
<th>Course No.</th>
<th>Section No.</th>
<th>Title</th>
<th>Credit Hrs.</th>
<th>Semester</th>
<th>Year</th>
<th>Grade</th>
</tr>
</thead>
</table>

Requirement(s) to remove Incomplete (Be specific)_______________________________________________________________________

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

(Use additional sheets if needed)

Comments_______________________________________________________________________

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Faculty Member’s signature __________________________ date _____________

Student’s signature __________________________ date _____________

Chair’s signature __________________________ date _____________

Copy to: Student
Faculty member
Department chair

Rev. 8/1/14