

KANSAS WESLEYAN UNIVERSITY

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INCOMPLETE GRADE REQUEST

To Be Completed by Student:

Student's Name (please print): _____ ID# _____

Course # _____ Course Title: _____

Semester: Fall Spring Summer Year: _____

Reason for Incomplete Request: (must be used only in cases of extenuating circumstances beyond the control of the student)

- Recent or Extended Serious Personal Illness/Injury
 - Internship Hours Not Yet Completed
 - Serious Family Illness/Injury
 - Personal Reasons (Please Explain): _____
- _____
- _____

I understand that I am responsible for completing the work required no later than the last day of the next regular semester. I also understand that failure to do so will result in the incomplete grade being converted to the alternate grade the professor assigned below (I/F will be converted to F); unless a final grade is assigned by the instructor prior to that date.

Student Signature _____ Date: _____

To Be Completed by Instructor:

Detailed Description of Work Required to Complete the Course: Complete instructions for all missing assignments, papers, etc. must be attached. Copies of missing exams or quizzes must be attached. Include a copy of syllabus with weights of all graded assignments.

Alternate Grade Assigned: I/____ (initials: ____) Final Grade Assigned: _____ (initials: ____)

(The Alternate grade is the grade earned to date if no additional work is submitted) Acceptable values are I/B;I/C; I/D; I/F. If no alternate grade is indicated an "F" will be assigned. The incomplete grade will be converted on the last day of the next regular semester unless a final grade is assigned by the instructor prior to that date.

Alternate grade Assigned:

Instructor's Signature: _____ Date: _____

Final grade Assigned:

Instructor's Signature: _____ Date: _____

To Be Completed by Executive Vice President/Provost:

Approved Not Approved

EVP/Provost Signature

Date