Office of the Registrar
McAuley Hall 205
100 Ochre Point Avenue
Newport, RI 02840-4192
Tel: 401-341-2943 * Fax: 401-341-2996

STAFF USE ONLY
☐ Approved ☐ Not Approved

_____
Registrar's Signature Date

INCOMPLETE GRADE REQUEST FORM

Student: Complete student section and submit form to instructor.
Instructor: Complete instructor section and submit to the Office of the Registrar.

STUDENT SECTION

Year: _____ **Semester:** ☐ **Fall** ☐ **Spring** ☐ **Summer I** ☐ **Summer II**

Student Name: Last_____ First_____ MI_____

Date of Birth: _____/_____/_____ (mm/dd/yy) **Cell Phone**: _____

Course Number	Section	Name of Instructor	Course Title

Rationale for requesting Incomplete grade: Incomplete grades are approved only for circumstances beyond the student's control. A valid rationale is mandatory prior to review of the incomplete request form. For example:

- Valid academic reasons might include unanticipated difficulty obtaining research materials, or failure of a critical experiment.
- Valid non-academic reasons might included extended illness, or death of a loved one, etc.
- Invalid reasons include: student elected not to complete the course on time, or student would otherwise fail the course, etc.

_____
_____
_____
_____
_____

_____ _____
Student Signature **Date**

INSTRUCTOR SECTION

Deadline for Course Completion: _____
Deadline may not exceed one semester beyond the scheduled end-date of the course. Faculty may designate an earlier deadline, but not later.

Work to be completed: _____
_____
_____

_____ _____
Instructor Signature **Date**

NOTE: *Incomplete Grade Request Forms must be received by instructor by the final exam date, or other ending date of the course,* ***whichever comes first****. Courses not completed by the specified deadline will receive a grade of "F" in accordance with University policy.*