

AUSTIN PEAY STATE UNIVERSITY

Report of Incomplete Grade

Student name _____ SSN _____

Course _____

Dept. @ course/Sec. No,

Instructor _____ Department/School _____

Semester _____ Year _____

This form is to be completed by the instructor at the time of assigning a grade of "I" and is to be filed in the department/school with a copy supplied to the student.

The grade of "I" indicates satisfactory work through most of a semester in a course which, for some acceptable reason, has not been completed. The grade may be changed when the requirements specified by the instructor are completed no later than the stated deadline.

Reason course was not completed _____

The student must complete and submit the following work on or before the date of _____. Failure to complete all requirements prior to that date will result in a grade of "F" for the course.

Grade Average (at this point): _____

The following work should be completed for removal of the "I." If appropriate, exams and tests to be taken and specific information for grading should be attached to the department copy.

Describe how the final grade should be determined after the required work has been completed and graded.

Attach the course syllabus and any required exams or tests as needed.

Instructor Signature Date
(or type your name if submitting electronically)

Received by Chair/Director Date