



# Request for Incomplete Grade

Office of the Registrar; Viterbo; 900 Viterbo Drive; La Crosse WI 54601  
Phone: 608-796-3180; Fax: 608-796-3050

## INCOMPLETE GRADE POLICY

A grade of incomplete is given infrequently and only under unusual circumstances that are beyond the student's control such as a serious illness or death in the family or unanticipated complications in an original research project. To be considered for an incomplete:

- The student must have at least 50% of the course work complete and have a passing grade in the course.
- The student must fully complete this form, and seek the approval of the instructor, department chair, and dean or academic vice president.
- The completed form with approving signatures needs to be to the registrar's office by the last class period (not the final exam day).
- The date by which work must be completed should be agreed upon by the instructor and the student.
- The student is responsible for completing the agreed upon work by the agreed upon deadline.
- The instructor is responsible for submitting a replacement grade to the registrar's office.
- The replacement grade from the instructor must be on file in the registrar's office by mid-semester of the fall semester for summer session incompletes, by mid-semester of the spring semester for fall incompletes, and July 6 for spring incompletes.
- A replacement grade not submitted by the deadline automatically becomes a grade of F.

PRINT CLEARLY AND COMPLETE **ALL** INFORMATION

ID NUMBER

TODAY'S DATE

LAST NAME

FIRST NAME

MIDDLE NAME

MAJOR

ADVISOR

CLASS

COURSE FOR WHICH INCOMPLETE GRADE IS DESIRED

COURSE SUBJECT/NUMBER

INSTRUCTOR

SECTION

TERM

COURSE TITLE

CURRENT GRADE

COMPLETE DESCRIPTION OF COMPLETED WORK (list quizzes, exams, projects, journals, observations):

REASON FOR INCOMPLETE GRADE REQUEST:

COMPLETE DESCRIPTION OF WORK YET TO BE COMPLETED:

DATE WORK WILL BE COMPLETED:

SIGNATURE OF STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
INSTRUCTOR

\_\_\_\_\_ DATE \_\_\_\_\_  
DEPARTMENT CHAIR

\_\_\_\_\_ DATE \_\_\_\_\_  
SCHOOL DEAN or ACADEMIC VICE PRESIDENT

\_\_\_\_\_ DATE \_\_\_\_\_  
REGISTRAR

ORIGINAL TO Registrar COPIES TO Instructor, Student, Advisor