IBU International Business University

Request for Incomplete Grade

TO BE COMPLETED BY STUDENT:	
Student Name:	Student #:
Phone #:	Email:
Course Code and Title:	
Date (MM/DD/YY):	
Name of the Assignment/Exam Incomplete is requested for:	

Reason for requesting an Incomplete Grade.

_____
_____
_____
_____
_____

TO BE COMPLETED BY FACULTY MEMBER:

Comments:

_____
_____
_____

Date by which assignment/exam must be completed: _____

Faculty Member's Name: _____

Signature: _____

Date: _____

For Office Use Only:

Comments (if any): _____

Approved by: _____ (Program Dean) Date: _____