

## Incomplete Grade Request Form

<b>To be completed by the student:</b>	
Student Name:	Student ID #
IBU Email:	Phone #:
Program:	
Last Semester Attended:	
Student Status:                      ( ) Domestic                      ( ) International	

**Reason for requesting an Incomplete Grade.**

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\_\_\_\_\_

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\_\_\_\_\_

Signature:.....

Date:.....

**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**

**Student Support Office:**

Request Received On (DD/MM/YY): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Enrollment Office:**

Request Received On (DD/MM/YY): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dean's Office:**

Decision: ( ) Approved ( ) Denied

**Reasons for Decision :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_