

CALDWELL COLLEGE

TRADITIONAL STUDENT DIVISION

APPROVAL FOR A TEMPORARY GRADE OF INCOMPLETE

Please complete (type or print) this form and secure the required signatures of approval. This completed form must be submitted to the following people before the beginning of **semester exams week.**

1. Instructor
2. Assistant Dean for Student Academic Affairs
3. Registrar's Office

A temporary grade of INCOMPLETE may be granted at the discretion of the Instructor, provided the student has satisfactorily completed at least 80% of the course work.

If the request is approved, the student must complete the requirements by the date stated below.

Date all requirements must be completed and submitted to instructor _____

Name of Student _____ **ID#** _____

Name of Instructor _____ Division _____

Course # _____ Section _____ Semester _____ Year _____

Course Title _____

Reason for Request (see attached documentation) _____

Signature of Student _____ Date _____

Approval Granted:
Instructor _____ Date _____

Approval Granted:
Asst. Dean _____ Date _____

THE TEMPORARY GRADE OF INCOMPLETE IS REPLACED BY:

Permanent Grade _____

(Must be one of the following: A, A-, B+, B, B-, C+, C, D+, D, F)

Signature of Instructor _____