Incomplete Grade Authorization Form



INCOMPLETES: The grade of "I" (Incomplete) must be requested by the student. An I-grade may only be considered for a student who has a satisfactory standing in the course in which the incomplete grade is being requested. The instructor can only agree to give an I-grade if there are documented extenuating circumstances (e.g. illness, death in the family).

The work required must be submitted to the instructor within six weeks from the last day of classes for the session in question. If a final grade is not provided to the Office of the Registrar, the grade of "I" will automatically convert into a grade of "F". If needed, an extension beyond six weeks may be requested by the student. The extension requires the approval of the instructor and the Office of the Registrar at <u>Registrar@CUChicago.edu</u>. The deadline to request an extension must be received prior to the official posting of the student's final grade (whether the final grade is submitted by the instructor or defaults to a failing grade per the policy).

This signed form and related documentation must be received by the Office of the Registrar by the following:

Incomplete Request Deadline **Incomplete Request Deadline** Semester/Session Semester/Session 5-Week Friday of Week 4 11-Week Friday of Week 10 Friday of Week 7 16-Week Friday of Week 15 8-Week Student H#: | Last Name: | First Name: CUC Email: Subject: | Course #: I CRN: | Term/Year: 🗌 Fall 20_____ 🔲 Spring 20_____ 🗌 Summer 20_____ Course Title:

REASON FOR INCOMPLETE

WORK THAT NEEDS TO BE COMPLETED

Incomplete Grade Submission Deadlines

EXPLAINATION Explain how the percentages/points from the completed and the incomplete assignments will be combined to determine the final grade. Attach a grading scale or syllabus, if needed.

Student Signature:	Date:	
Please make copies for your records.		
TO BE COMPLETED BY THE INSTRUCTOR ONLY		
 This student is in satisfactory standing in the course (e.g. enga This student provided documentation of extenuating circumsta This form is submitted by the published deadline to the Office of 	are not not be	f these three criteria met, this form will accepted by the of the Registrar.
Instructor Name:	Instructor H #:	
Approved Denied Instructor Signature:	Date:	
PLEASE RETURN COMPLETED FORM TO THE OFFICE OF THE REGISTRAR	Registrar@CUChicago.edu	
Approved Denied Registrar Signature:	Date:	