



GREAT FALLS COLLEGE MONTANA STATE UNIVERSITY

OFFICE OF THE REGISTRAR

REQUEST FOR INCOMPLETE GRADE FORM

Student Name: _____ ID#: _____

TERM _____ Instructor's Name: _____

CRN _____ Course Subject: _____ Course Number: _____ Title _____

Student Signature: _____ Today's Date: _____

Incomplete (I) Grade Policy:

Students are expected to complete the course work for a class during the time designated. Occasionally, circumstances prevent timely completion and the student may request extra time to finish the work by completing the "Request for an Incomplete Grade" form. This form must be signed by the student, the instructor, and the appropriate division director.

In all cases, an "I" is given at the discretion of the instructor with the concurrence of the Division Director following the required conditions listed below:

Confirm the following requirements by checking all boxes which apply.*

- I have met with the student and have received adequate information and documentation to verify a true extenuating circumstance.
The student has been in attendance, is doing passing work (C- or better), and has completed at least 75% of the required coursework.
I have set the following deadline for submission of incomplete coursework: _____
The Incomplete grade will change to an F if coursework is not submitted on time

*If a student does not meet all of these requirements, they are not eligible to receive an incomplete grade.

Extenuating Circumstances:

Work to be completed:

Table with 2 columns: Approved for Incomplete, NOT Approved for Incomplete. Rows for Instructor and Division Director with signature and date lines.