

REQUEST FOR AN INCOMPLETE GRADE  
Ph.D. Program in English

NAME \_\_\_\_\_ CLASS LEVEL: \_\_\_\_\_

COURSE TITLE \_\_\_\_\_ QTR/YEAR: \_\_\_\_\_

(Select one) SEMINAR \_\_\_\_\_ PROSEMINAR \_\_\_\_\_

INDICATE THE REASON FOR THE INCOMPLETE REQUEST:

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

AGREEMENT: The incomplete grade will be made up by completing the following assignment.

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

DUE DATE: \_\_\_\_\_

This slip must be signed by the student and the instructor of the course. It should then be returned to the Graduate Program Administrator who will present it to the Chair of the Graduate Committee for approval.

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Instructor Date

\_\_\_\_\_  
Chair, Graduate Committee Date