

THE CATHOLIC UNIVERSITY OF AMERICA
School of Arts and Sciences

GRADE OF INCOMPLETE (I)
For Graduate Students

Student Name _____ Student ID _____

Course Title and Number _____

Academic Year _____ Semester (circle one) Fall Spring

Instructor's Name _____
Please print

The grade of Incomplete (I) has been recorded for the above course. You are encouraged to complete the work as soon as possible. Two deadlines need to be adhered to as indicated below.

All work for this course is to be completed and submitted to the teacher by the following date _____.

Teachers must post the grade no later than mid-term of next semester. Failure to change the grade by mid-term results in an "F" for the course.

The remaining work includes:

Please sign below to indicate your acceptance of these requirements. Keep one copy of this form for your records.

Student
Signature _____ Date _____

Instructor
Signature _____ Date _____

cc: Dept. Chair/Program Director
Associate Dean Mayhall 107 McMahan
(graduate)