



PROFESSOR INCOMPLETE REPORT

A separate form must be filled out
For EACH incomplete given

Student name: _____
Last First Middle Initial

Student ID: _____ Student SSN: _____

Term: _____ Campus: _____
Course: _____ Title: _____

Reason for the grade of incomplete:

What work is required by the student to complete the course:

Instructions for grading the work:

The process to be used in arriving at the student's final grade:

Student's daily grades	_____	to count as	_____	% of final
Student's test grades	_____	to count as	_____	% of final
Student's other grades	_____	to count as	_____	% of final
Student's final exam grade	_____	to count as	_____	% of final
Student's completed work grade	_____	to count as	_____	% of final

Unless otherwise stipulated the grade scale in the catalog will be used.
The grade of incomplete is given on (date) _____ and will automatically
become a FAILURE if the work is not completed as prescribed above by the date
published in the University calendar or earlier date of (date) _____

I attest the above statements to be recognized, accurate and agreeable.

Student Signature

Professor Signature