

REQUEST FOR "I" GRADE

Student's ID:	Student's Name:			
Semester/Year:				
I was unable to fully participate in class this semester for (days) (weeks) due to				
are attached. I therefore request a course requirements. The professor	lete some course requirements as noted below. Explanatory documents a temporary grade of "Incomplete" to allow me to complete outstanding or and I agree to a final submittal date for all requirements of e following semester or, when a course will be taken then for which this ay of classes.)			
Course Number:	Course Name:			
Remaining work:				
Student Signature	Date			
	NDATIONS scriptions noted above and agree to work with the student to a limited pletion of the course requirements.			

Course Number	Instructor's name (printed)	Instructor's Signature	Date
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DEAN'S RECOMMENDATION

The request is () is not () recommended.

Associate Dean's name (printed)	
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Associate Dean's Signature

Date

NOTE: A grade of "I" will automatically revert to a grade of "F" if the incomplete work is not completed in time.



School of Architecture and Planning

Send copies of this completed form and all supporting documentation to the student's folder, the instructor, and the student