

KANSAS WESLEYAN UNIVERSITY

Enrollment and Financial Services, PH285, 100 E. Claflin, Salina, KS 67401
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INCOMPLETE GRADE REQUEST

To Be Completed by Student:

Student's Name (please print): _____ ID# _____

Course # _____ Course Title: _____

Semester: Fall Spring Summer Year: _____

Reason for Incomplete Request: (must be used only in cases of extenuating circumstances beyond the control of the student)

- Recent or Extended Serious Personal Illness/Injury
 - Internship Hours Not Yet Completed
 - Serious Family Illness/Injury
 - Personal Reasons (Please Explain): _____
- _____
- _____

Student Signature _____ Date: _____

To Be Completed by Instructor:

Detailed Description of Work Required to Complete the Course: *Complete instructions for all missing assignments, papers, etc. must be attached. Copies of missing exams or quizzes must be attached. Include a copy of syllabus with weights of all graded assignments.*

Alternate Grade Assigned: I/____ (initials: ____) **Final Grade Assigned:** _____ (initials: ____)
(The Alternate grade is the grade earned to date if no additional work is submitted) Acceptable values are I/B; I/C; I/D; I/F. If no alternate grade is indicated an "F" will be assigned. The incomplete grade will be converted on the last day of the next regular semester unless a final grade is assigned by the instructor prior to that date.

Alternate grade Assigned:

Instructor's Signature: _____ Date: _____

Final grade Assigned:

Instructor's Signature: _____ Date: _____

To Be Completed by Academic Dean/Vice President:

Academic Dean's Signature: _____ Date: _____