HOOD COLLEGE; OFFICE OF THE REGISTRAR
GRADUATE APPLICATION FOR AN INCOMPLETE GRADE

A student who wishes to apply for a grade of “INC” must secure and complete, with the instructor, this Application for Incomplete Grade form. A grade of “INC” (Incomplete) may be assigned when illness, emergency, or other unusual circumstances beyond the student’s control prevent the student from completing the assigned coursework and/or examination(s) by the end of the semester. An incomplete may not be granted unless a student has completed at least half of the work of the course with a passing grade. This form must be approved and submitted to the Registrar’s Office by the deadline for final grade submission for that semester/term in which the course is held.

STUDENT NAME: ____________________________  STUDENT ID#: __________________

STUDENT EMAIL: ____________________________  DEGREE PROGRAM: __________________

COURSE NUMBER: ____________________________  SEMESTER & YEAR: ________________

REASON FOR INCOMPLETE (PLEASE BE SPECIFIC):

_____________________________________________________________________________

DEADLINES FOR COMPLETION*:
FALL COURSES: MARCH 15
SPRING COURSES: AUGUST 15
SUMMER COURSES: OCTOBER 15

*REQUESTS FOR EXTENSIONS MUST BE SUBMITTED BY THE STUDENT AND APPROVED BY THE
INSTRUCTOR, PROGRAM DIRECTOR AND REGISTRAR.

INSTRUCTOR:
Work to be completed by ____________________________ (may not be later than dates indicated above).

If work is not completed by this date, the instructor will report a grade of _____. The following provisions and/or coursework must be met/submitted for the removal of the incomplete grade:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

INSTRUCTOR’S SIGNATURE: ____________________________  DATE: ______________

PROGRAM DIRECTOR’S SIGNATURE: ____________________________  DATE: ______________

STUDENT’S SIGNATURE: ____________________________  DATE: ______________

REGISTRAR’S OFFICE: ____________________________  DATE: ______________

Copies:  Instructor, Student