The Graduate School Southern University And A&M College Baton Rouge, Louisiana

REQUEST FOR AN INCOMPLETE GRADE

l,			request an
(Student's Name)		(SSN)	-
incomplete, (I),	grade in		
	(Cour	rse Title)	(Number)
(Sem		ester)	(Year)
	H	RATIONALE	
List the missed	l assignments:		
D C			
Reason for you	r absence:		
Signature of St	rudent:		
State the ex grade.		STRUCTOR ONLY e student must accomplish	ı to achieve a
Give the final o	date the above assign	nment is to be completed	
Approved	Disapproved	Мо	onth/Day/Year
		Class Instructor	Date
		Department Chairperson/ Program Director	Date
		Dean of the Graduate School	Date