

The University of Toledo
College of Health and Human Services
Incomplete Grade Documentation Form

*Submit original with incomplete grade to the Registrar's Office
Copy to Student, Instructor, and Department*

Student Name:	
Student Number:	Term:
Course & Section Number:	Credits:
Course Title:	
The conditions for awarding this grade of Incomplete "I" are those specified by University regulations and the grading criteria of the specific department. The grade of "I" must be removed before the last day of class of the term following the term in which it is received (excluding summer). Otherwise the "I" will automatically be converted to a grade of "F."	
This "I" grade must be removed on or before _____ by satisfying the following conditions:	

In the event that these conditions are not satisfied by the specified date, the grade of "I" will be replaced by the grade of _____.	
Faculty Signature:	Date:
STUDENT'S ACKNOWLEDGEMENT	
I have read and understand the conditions stated above for the removal of the grade of "I" in the above course.	
Student Signature:	Date:

REQUEST FOR EXTENSION OF TIME

In special cases, a faculty member may grant a student an extension of time to complete the required work for the removal of the grade of "I." This request must be initiated by the faculty member and approved by the appropriate academic dean. Please complete the section below if an extension beyond the normal period of one semester is requested. <i>A copy of this form must be forwarded to the Registrar's Office to request an extension by the final class day of the semester.</i>	
This is to certify that the above student is granted an extension of time to complete the work for the removal of this grade until:	
Faculty Signature:	Date:
Dean's Office Approval:	Date: