REQUEST FOR AN INCOMPLETE

Instructions

To the student and the instructor: Incompletes are given as temporary grades only when unusual circumstances have prevented the student from completing the required assignments. The student should understand that the grade earned at the moment the incomplete is granted would, by default, become the student's grade for the course if the class work were not made up by the deadline. Incompletes revert to grades at the end of the semester following the semester in which the course was taken, unless the instructor submits a new grade reflecting completed work. Instructor and student should fill out the form together after discussing work needed to satisfy course requirements and date of completion. An incomplete will not be granted unless the instructor attaches this form to the grade roster submitted to the Registrar at the end of the semester.

Part I - (to be completed by the student)

Name: _____ Social Security # _____

Home Address: _____ Phone: _____

Email Address: _____ Instructor: _____

Semester _____ Year _____ Course #, Title, and Section # _____

Why are you requesting an incomplete in this course? _____
_____
_____

Are you requesting any other incompletes this semester? If yes, explain. _____
_____
_____

Do you have any incompletes left to fulfill from a pervious semester? If yes, explain. _____
_____
_____

Part II – (to be completed by the student and instructor)

What still needs to be completed to fulfill the course requirements? _____
_____
_____

When will the work be done? _____

Part III – (to be completes by the instructor. Instructor and student signatures required)

What would the students grade in this course without completion of the missing assignments? _____ This will be the student's grade if the course work is not completed by the date indicated below.

Instructor's Signature _____ Date: _____

I understand that the grade indicated by the instructor above will be the grade I will receive, if I do not complete the required work by _____(mm/dd/yy).

Student Signature: _____ Date: _____

Return Completed Form with Appropriate Signatures to:
Registrar, Long Island University, 121 Speonk Riverhead Road LIU Bldg, Riverhead, NY 11901

Fax to: 631-287-8112