

Texas Southern University

Incomplete Grade Form

Date: _____

Student's Name _____ T#: _____

Course Name and Number: _____ Section: _____ CRN: _____

Semester: _____ Year: _____ Current grade in the course: _____

Reason(s) for the Incomplete grade: _____ Personal _____ Medical _____ Other

The grade of "I" is given only when a Student's work is satisfactory in quality, but due to reasons beyond his/her control the work has not been completed.

Work to be completed in order to remove the Incomplete grade: _____

Completion Date: It is the student's responsibility to complete the remaining work for the course on or before (Date) _____. Failure to meet this deadline will result in the Incomplete Grade being changed to a Grade of F. (*While the institution may allow up to a year, the instructor has the right to determine a specific date of completion*).

Student's Name _____ Signature _____ Date _____

Instructor's Name _____ Signature _____ Date _____

Department Chair _____ Signature _____ Date _____

College/School Dean _____ Signature _____ Date _____

The Distribution of the Copies of the Incomplete Grade Form:

Original: Department

Copies: Student and the Office of the Dean