

THE SAGE COLLEGES
FACULTY REQUEST FOR GRADUATE GRADE OF (I)NCOMPLETE

Student Information	Faculty Information
Name _____	Name _____
E-mail _____	E-mail _____
Permanent Address & Phone _____ _____	Address _____ _____
Local Address & Phone _____ _____	Phone _____

Course & Section No. _____ Year _____ Semester _____

Course Title _____

State the specific reason for the request:

State assignments/projects/tests to be completed by the student (PLEASE attach a copy of the course syllabus):

- The work for this incomplete will be completed by _____
(This date will not exceed the limit of one year past the end of the semester it is awarded.)
- It is understood by the student that the Incomplete grade could have serious implications on his/her financial aid.
- It is understood that a student who receives an Incomplete grade and is pending academic dismissal from the College will have a deadline for completion of work the day of registration for returning students.
- It is understood that it is the student's responsibility to maintain contact with the faculty member regarding this work.
- It is understood that if the student does not have the work turned in to the faculty member to an agreed upon location, he/she may not receive credit for it.

Student Signature (optional)

Faculty Member Signature (required)

Date

Date

THIS FORM MUST BE COMPLETED AND SUBMITTED BY THE FACULTY MEMBER WITH SUBMISSION OF FINAL GRADES. PLEASE MAKE A COPY FOR YOURSELF.