

SAGE COLLEGE OF ALBANY

STUDENT REQUEST FOR 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 _____

SECTION A (STUDENT COMPLETES) State reason for request:

SECTION B (FACULTY MEMBER COMPLETES) State assignments/projects/tests to be completed by student:

SECTION C (STUDENT/FACULTY MEMBER COMPLETE)

- The work for this incomplete will be completed by _____
(This date will not exceed the limit of the 8th week of the following regular semester. An extension of time can be requested of the Registrar upon our mutual request.)
- If the faculty member does nothing to change the Incomplete grade, the Registrar will replace the "I" with the letter grade of "F."
- It is understood by the student that the Incomplete grade could have serious implications on 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, she may not receive credit for it.

Student Signature

Faculty Member Signature

Date

Date

THIS FORM MUST BE COMPLETED AND SUBMITTED BY THE FACULTY MEMBER WITH SUBMISSION OF FINAL GRADES. PLEASE MAKE 3 COPIES.

Original: Registrar

Copy 1: Faculty Member

Copy 2: Student