



Excused Incomplete

Name: _____

Date: _____

Sage ID: 20 Anticipated Graduation: _____

Program: ☐ MBA ☐ BA/MA
☐ MAief ☐ PhD
☐ MSF ☐ IBSSA /Exchange

E-Mail Address: _____

ABOUT REQUESTING AN EXCUSED INCOMPLETE

- In order to receive an *Excused Incomplete* for work other than a final exam, both the faculty member and the student must agree that this is the best course of action for the student. The instructor is under no obligation to accommodate the student.
- The grade of "EI" will be temporarily placed on the student's transcript to note that the course has not been completed.
- Once the outstanding work has been completed and a grade submitted to the Registrar, the EI will be replaced with the earned letter grade.
- The incomplete work must be submitted at least 2 weeks before the deadline so that the instructor may submit a final grade.
- Final grades from the Fall Semester are due by the next April 1. Completed work is due to the instructor two weeks prior.
- Final grades from the Spring Semester are due by the next September 15. Completed work is due to the instructor two weeks prior.
- If a student fails to complete the required work by the deadline, the incomplete will be changed to an "E" (failure) letter grade.
- The student is solely responsible for ensuring the completion of the necessary course work.
- Extensions to the deadline will not be given.

I request an excused incomplete from:

Course Number (e.g.: FIN 202a) _____

Course Name _____

4-Digit Class Number _____

Instructor _____

For this reason:

(Briefly Explain)

☐ MEDICAL

☐ FAMILY

☐ SCHEDULE CONFLICT

☐ OTHER

Work to be completed:

Completed Work Due Date: _____

Grade Due Date: _____

I understand that, if this request is approved, I am responsible for completing the coursework by the deadline listed above, and that no extension will be granted to this deadline.

 Student Signature

 Date

INSTRUCTOR APPROVAL

☐ APPROVED

☐ DENIED

Reason: _____

 Signature

 Date

IBS APPROVAL

☐ APPROVED

☐ DENIED

Reason: _____

 Last Name of Authorizing IBS Staff

 Signature

 Date

REGISTRAR'S USE

☐ ACCEPTED & PROCESSED

 Last Name / Initials

 Date