## GREAT FALLS COLLEGE MONTANA STATE UNIVERSITY



## OFFICE OF THE REGISTRAR

## **REQUEST FOR INCOMPLETE GRADE FORM**

Student	Name:	ID#:		
TERM		Instructor's Name:		
CRN	Course Subject:	Course Number: _	Title	·
Student	Signature:		Today's Date:	
tudents are mely comp	letion and the student may	request extra time to finish	ng the time designated. Occasional the work by completing the "Requ the appropriate division director.	•
	in "I" is given at the discretion is ted below:	on of the instructor with th	e concurrence of the Division Direc	tor following the required
☐ I ha ext ☐ The req ☐ I ha ☐ The #If a studer	enuating circumstance. student has been in atter uired coursework. ve set the following deadl	nd have received adequand ndance, is doing passing we ine for submission of inco ange to an F if courseworl	te information and documentation and complored (C- or better), and has complored the coursework:	eted at least 75% of the
Work to	be completed:			
		EOD INTERN	AL USE ONLY	
Approved	for Incomplete	FOR INTERIO	NOT Approved for Incomplete	
Instructor		Date	Instructor	 Date
Division D	rector	Date	Division Director	 Date
Cc: el e	arnina for online course she	ell activation		