Incomplete Grade Form

Registrar:

NAME: ___________________________ ___________ ___________ ___________
     Last               First               Middle Initial

NMU IN: ___________________________ ___________________________ ___________________________

Has been given a grade of “I” for:

FOR: ___________________________ ___________________________
     Course ID Number               Course Title

     ___________________________ ___________________________
     Credit Hours               Semester & Year

Has been given a grade of “I” for the following condition(s):

________________________________________________________________________

________________________________________________________________________

To make up the “I”, the student must do the following:

________________________________________________________________________

________________________________________________________________________

The “I” must be made up by: ___________________________ or the “I” will revert to:

Exact Due Date (1 year maximum.)

the following grade circled: A  A-  B+  B  B-  C+  C  C-  D+  D  D-  F  S  U
("W" grade is not an option.)

I understand that it is my responsibility to submit a final grade by the due date if the student completes this course. I understand that if I do not submit a grade by the due date, the grade will automatically revert to the designated grade circled above. If no grade is designated, the grade will revert to an “F”. I will make two additional copies of this form and submit one copy to the Registrar and provide one copy to the student.

Signature of Instructor ___________________________ Date ___________________________

Print Instructor Name ___________________________

Instructor’s Department ___________________________

The above student has/has not completed the course requirements.

Change the grade of “I” to: _____________

Signature of Instructor ___________________________ Date ___________________________

For Registrar’s Office Use Only: Incomplete Grade Changed: ☐ Date: ___________ Initials: ___________