MARSHALL UNIVERSITY
INCOMPLETE GRADE DOCUMENTATION FORM

To the Instructor: Please complete this form for each INCOMPLETE GRADE you give. Form must be completed at the time of issuing a final grade for the course. Student copy should be given to the student or mailed no later than two weeks after completion of form.

Student’s Name ___________________________________________ Student No. __________
                                              Last               First               Middle

Student’s Address
        Street ___________________________________________ City __________________________ State Zip

Course No. ________________________________________________
                      Dept. No. Section CRN Credit Hrs.

Title _____________________________________________________

Term _____________________________________________________

Deadline for Removal of Incomplete: (may not exceed 1 calendar year) __________________________

Requirements for Removal of Incomplete (Grade of I will become an F if requirements are not met in specified time).

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Instructor’s Name (Please print) _______________________________

Instructor’s Signature _______________________________ Date ______________

Original- Student
Copy one- Instructor
Copy two- Instructor’s Department

6/00