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).

_____

_____

_____

_____

Instructor's Name (Please print) _____

Instructor's Signature _____ **Date** _____