Office of the Registrar

Removal of Incomplete / Request for Grade Change

NOTE: Form will be returned and not processed without proper completion of all blanks and signatures where applicable.

Student Name ___________________________ Student ID Number ___________________________

Course # & Section ___________________________ Course Title ___________________________

Instructor Name & Unit # ___________________________ Sem./Yr. Taught ___________________________

Incomplete Removal: Please remove the grade of I (Incomplete) for the course listed above and replace it with ____________.

Instructor’s Signature: ________________________________________________________________

Grade Change: For the student listed above, please change the original grade given of ____________ and replace it with ____________.

Instructor’s Signature: ________________________________________________________________

Dean’s Signature (required): __________________________________________________________

Comments: __________________________________________________________________________