

STETSON UNIVERSITY ▪ REQUEST FOR AN INCOMPLETE
SCHOOL OF MUSIC

Student name: _____

ID 800- _____

Phone: _____ Email: _____

I am requesting permission to take an incomplete in the following course (one form per request):



CRN#	Course Sym/nbr	Course Title	Instructor
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I am requesting this incomplete for the following reason(s). (Attach any supporting documentation.)

Work still to be completed (include date(s) by which you and the instructor agree it will be submitted):

I understand that if my request is granted, I will be expected to complete the work listed above no later than two weeks before classes end in the next semester of my enrollment at Stetson University.

Student's Signature: _____ Date: _____

Instructor's Endorsement: _____ Date: _____
(Instructor will deliver form to appropriate Dean)

First Year Dean: _____ Date: _____
(Required for First Year students only)

Dean's Approval: _____ Date: _____
(Required for all students)