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):

<table>
<thead>
<tr>
<th>CRN#</th>
<th>Course Sym/nbr</th>
<th>Course Title</th>
<th>Instructor</th>
</tr>
</thead>
</table>

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)

4/19/10