

# STETSON UNIVERSITY

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: \_\_\_\_\_