

STETSON UNIVERSITY

REQUEST FOR AN INCOMPLETE

Student Name: _____ ID No.: 800-_____

Campus Box # or Local Address: _____

Phone: _____ Email: _____

- Dean's Office:
- College of Arts & Sciences
 - School of Business Administration
 - School of Music

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

Prefix/number/section	CRN#	Course Title	Instructor

I am requesting this incomplete for the following reasons (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 (required) **(Instructor to deliver to Dean.)**

Date

Dean's Approval

Date

cc: Dean, Registrar, Instructor, Student