

# 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