

# Request for Grade of Incomplete

## Department of Mathematics, Colorado State University

In accordance with the university's policy, and at the discretion of the instructor, a temporary grade of "I" may be given to a student who demonstrates it is not possible to complete the requirements of a course due to circumstances beyond the student's control and not reasonably foreseeable. A student must be passing, but not yet have completed all assignments in a course, at the time an incomplete is requested. There should be compelling reasons why the student could not have coped with the situation by withdrawing during the drop period.

After successful completion of the makeup requirements **outlined below**, incomplete grades will be changed by the instructor of record. After one year, or at the end of the semester in which the student graduates (whichever comes first), an Incomplete will be automatically changed to an "F" (failure) unless the course has been previously completed and a grade change submitted by the instructor.

Student requirements to complete a grade of "I"; accept by initialing terms:

- \_\_\_\_\_ 1. Determine which semester and section, within the deadline terms above, course will be completed.
- \_\_\_\_\_ 2. Contact Mathematics front office **A MINIMUM OF TWO WEEKS PRIOR TO COURSE START DATE** to reserve a seat in class – **DO NOT RE-REGISTER FOR COURSE.**
- \_\_\_\_\_ 3. Meet with instructor on day 1 of class and provide them with your EName so they may add you to the course canvas page, if applicable.
- \_\_\_\_\_ 4. Follow up with previous instructor to establish protocol for posting new grade, prior to the end of the semester to ensure grade change will be processed and communication lines are in place.

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

CSU ID: \_\_\_\_\_

Email: \_\_\_\_\_

Semester: \_\_\_\_\_

Course/Section: \_\_\_\_\_

Instructor: \_\_\_\_\_

Part A. Extenuating Circumstances (completed by student, additional documentation may be attached):

Part B. Terms and deadlines for completing course (completed by instructor):

Student Acceptance of Terms: \_\_\_\_\_

Date: \_\_\_\_\_

Instructor/Course Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Approve: \_\_\_\_\_ Disapprove: \_\_\_\_\_

Department Chair or Associate: \_\_\_\_\_