



REQUEST FOR AN INCOMPLETE

Please print clearly

Name: _____ SSU ID _____

Address/City/State/Zip: _____

Telephone: (____) _____ SSU Email: _____@sonoma.edu

Class # _____ Subject _____ Catalog # _____ Units _____ Term/Year _____

Policy on the Assignment of an Incomplete

The "I" symbol shall be used only when the faculty member concludes that a clearly identifiable portion of course requirements cannot be met within the academic term for unforeseen reasons. An Incomplete shall not be assigned when it is necessary for the student to attend a major portion of the class when it is next offered. An Incomplete is also prohibited where the normal practice requires extension of course requirements beyond the close of a term, e.g., thesis or project type courses. In such cases, use of the "RP" symbol is required. The conditions for removal of the Incomplete shall be reduced to writing by the instructor and given to the student with a copy placed on file with the appropriate campus officer until the Incomplete is removed or the time limit for removal has passed. A student may not re-enroll in a course for which he or she has received an "I" until that "I" has been converted to a grade other than "I"; e.g., A-F, IC.

An Incomplete shall be converted to the appropriate grade or symbol within one year following the end of the term during which it was assigned provided. Where campus policy requires assignment of final grades on the basis of numerous demonstrations of competency by the student, it may be appropriate for a faculty member to submit a letter grade to be assigned in the event the Incomplete is not made up within one year. If the Incomplete is not converted to a credit-bearing grade within the prescribed time limit, or any extension thereof, it shall be counted as a failing grade in calculating grade point average and progress points unless the faculty member has assigned another grade in accordance with campus policy.

PROCEDURE – STUDENT: Read the policy above, complete the top portion of this form, then indicate below the reason you are requesting an incomplete. This form should be submitted to your instructor.

Student's Signature: _____ Date: _____

PROCEDURE - INSTRUCTOR: If an incomplete is justified under the above policy, indicate the assignment(s) necessary to remove the Incomplete. The above student is doing passing work at this time and is required to complete the following assignment(s) to remove this Incomplete.

Instructor's Signature: _____ Date: _____

Distribution: One copy for the student, one copy for the instructor's records, and original to department office. Please make sure that a form is completely filled out for every incomplete grade assigned.