# Incomplete Grade Request Form

## Student Information

Name: Click or tap here to enter text.

Student ID: Click or tap here to enter text.

Major/Program: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

## Academic Information

Course Name: Click or tap here to enter text.

Course Number: Click or tap here to enter text.

Section Number: Click or tap here to enter text.

Instructor: Click or tap here to enter text.

Term:  FA  FA1  FA2

SP  SP1  SP2  
 SU1  SU2  SU-Ext

Year: Click or tap here to enter text.

## Reason for Request

In accordance with UACCB Operating Procedure 591.0, please describe the extraordinary and unexpected circumstances that have affected your ability to complete the course. (e.g., severe student illness, death of an immediate family member, etc.):

Click or tap here to enter text.

## Attach Supporting Documents

Please attach supporting documentation that you have for your request. You must attach a Coursework Completion Plan. [A template can be found on the Student Forms page of the UACCB website](https://www.uaccb.edu/student-forms).

## Impact Acknowledgement

Upon the submission of this incomplete grade request form and relevant documents, your request will be reviewed in accordance with the UACCB Operating Procedure XXX.0. The remaining coursework must be completed by the end of the following academic term. Failure to do so will result in the Incomplete grade being replaced on the student’s transcript with an “F.”

## Signatures and Approvals

Student: Date:

Faculty Signature: Date:

*(Indicates faculty’s approval of the request)*

Advisor: Date:

Administrative use only below this line.

Registrar’s Signature: Date:

*(Indicates that an incomplete grade has been assigned)*

Date course grade will be converted to a grade of F: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_