

**Siena Heights University**

Adrian, MI 49221

517-264-7120

**FACULTY AUTHORIZATION OF INCOMPLETE GRADE**

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

ID # \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Course Dept./Number \_\_\_\_\_ Semester Hours \_\_\_\_\_

The student named above has been awarded the grade of "I" for Incomplete for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

In order to convert the Incomplete to a letter grade, the student must:

\_\_\_\_\_  
\_\_\_\_\_

The student must fulfill the requirements stated above no later than the following date: \_\_\_\_\_

If the student does not fulfill the requirements stated above by the date specified, the Registrar is instructed to convert the Incomplete to the letter grade of \_\_\_\_\_  
(grade to be issued)

Signature of the Authorizing Faculty \_\_\_\_\_ date \_\_\_\_\_

Student Signature \_\_\_\_\_ date \_\_\_\_\_

Signature of Division Chairperson who assumes secondary responsibility for awarding and overseeing completion of this Incomplete grade:

\_\_\_\_\_ date \_\_\_\_\_

A copy of this form must accompany each Incomplete grade submitted to the Registrar, Faculty should keep one copy for themselves and send one copy each to the student, the Division Chairperson, and the Registrar.

Date form received by the Registrar \_\_\_\_\_