REQUEST FOR INCOMPLETE GRADE

DMTC does not encourage students to request incomplete grades. However, a grade of “I” (Incomplete) may be assigned under the following conditions:

- A request stating the circumstances for the request must be made in writing to the instructor no later than one week prior to the end of the semester.
- Work was not completed due to a documented illness, accident, or other unavoidable absence.
- A student receiving an Incomplete is responsible for completing the course requirements within the first ten school days of the following semester unless prior arrangements are made with the instructor. Generally, if the Incomplete is not removed in this time, a letter grade of “F” will automatically be assigned.
- The student is not on probation and does not have an unfinished incomplete from a previous semester.

Student Information Print Clearly

Student Name: ___________________________  Email: ___________________________

Address: ________________________________________________________________

Home Phone: ___________________________  Cell Phone: _______________________

Part I – To be completed by student

Date of Request: ___________________________  Class Section: ______________________

Course Title: ___________________________  Instructor: ___________________________

☐ I am not on probation  ☐ I do not have an unfinished incomplete from a previous semester.

Reason for request (if medical, a doctor’s note must accompany this request)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

I understand DMTC’s policy regarding incomplete work and I understand my instructor’s expectations regarding the completion of the remaining course requirements outline below. I understand that my grade will be changed to “F” if I fail to meet these requirements.

Student Signature  ___________________________  Date  ___________________________

Part II – To be completed by instructor

Course Requirement  Due Date

Course Requirement  Due Date

Course Requirement  Due Date

Course Requirement  Due Date

I have requested a grade of “I” be assigned for the course indicated. A timetable for completion of course requirements is indicated above. I will notify the Registration Office when requirements are met.

Instructor Signature  ___________________________  Date  ___________________________

Direct or Assistant Director Signature  ___________________________  Date  ___________________________