

Date _____

Term for Incomplete Grade _____

Hollins University ***Incomplete Request Form***

Last Name _____ First _____ MI _____

Student ID _____ Class Year _____

Course Dept. & Number _____ (ex: ART 100)

Title _____

Course Reference Number (CRN) _____ (ex: 90524)

Deadline: _____ **(REQUIRED)**

A grade of F will be assigned if a grade is not submitted for the course by the end of the next full term.

Dean's List Eligibility: All coursework for this incomplete must be completed and the grade submitted to the office of the registrar by the 15th of the month following the end of the term noted above.

Course work to be completed (use back of sheet if needed):

Reason for incomplete:

Student's Signature: _____

Instructor's Name (please print): _____

Instructor's Approval (signature): _____

Dean of Academic Services' Approval: _____