

The University of Toledo
College of Health and Human Services
Incomplete Grade Documentation Form

Submit original with incomplete grade to the Registrar's Office

Student Name:

Student Number:

Term:

Course & Section Number:

Credits:

Course Title:

Faculty Signature:

Date:

STUDENT'S ACKNOWLEDGEMENT

I have read and understand the conditions stated above for the removal of the grade of "I" in the above course.

Student Signature:

Date:

REQUEST FOR EXTENSION OF TIME

This is to certify that the above student is granted an extension of time to complete the work for the removal of this until:

Faculty Signature:

Date:

Dean's Office Approval:

Date: