



STATE TECHNICAL COLLEGE OF MISSOURI

Incomplete Grade Request

Student Name: _____ Student ID#: _____

Course #: _____ Section #: _____

Course Name: _____

Instructor Name: _____

Semester: _____ Year: _____

Has the student completed at least 60% of required class work? Yes No

Does the student have a passing grade at this point in time? Yes No

How many days was the student absent from class? _____

Check Reason for Incomplete Grade:

Attendance

Reason for Absences: _____

Late or Incomplete Assignments

Explain: _____

Other

Explain: _____

Deadline for Student to Make Up Work: _____
(Deadline cannot be more than six (6) weeks after the last day of class.)

Student Signature _____ Date _____

Instructor Signature _____ Date _____

Date Grade Changed in Academic Records Office (To Remove I)

Date Changed in CX system: _____ Changed by: _____