

PETITION FOR AND WORK TO REMOVE AN INCOMPLETE GRADE

Troy State University Troy Global Campus

Student Id Number: _____

Location: _____

Home phone: _____

Work phone: _____

NAME (Last, First, Middle/Maiden)

Course Number and Title: _____

Term Dates: _____

Instructor's Name: _____

Method of Payment _____

A. Student Completes:

I hereby request that I be assigned a grade of Incomplete (I) for the course indicated above. My reasons for this request are:

(In order to justify a request based upon TDY commitments or illness you must attach a copy of orders or statements from doctor)
I realize the implications of my being assigned an Incomplete grade in this course:

- I must remove the Incomplete grade according to the Plan of Work below. This must be done not later than six weeks into the next term enrolled with TSU or 12 months after the end of the term the Incomplete was assigned, whichever comes first. All Incomplete grades are changed to F grades 12 months from the end date of the term if the proper change of grade forms are not received by that time.
- The grade of Incomplete (I) is treated as an F in calculating my grade point average. Therefore, the Incomplete assigned in this course might jeopardize my progress in the degree program until the new grade is assigned.

Student's Signature

Date

B. Instructor Completes: (Plan of Work)

I approve/disapprove (Circle one) your request to be assigned a grade of Incomplete.

Your estimated grade in this course to date is: _____. In order to remove the Incomplete you must complete the following:

___ A) Test Required

No ___ Yes ___ Attach test in sealed envelope
(Test must be different from test administered in the classroom)

___ B) Paper Required

No ___ Yes ___ Title and Description

___ C) Book Report Required

No ___ Yes ___ Title and Length

___ D) Independent Project

No ___ Yes ___ Subject, Length, Description

___ E) Other

No ___ Yes ___ Information needed to complete course

Instructor's Signature

Date

NOTE TO INSTRUCTOR: In no instance may required work be submitted later than eleven calendar months from the end date of the term in which the course was taken so that grading and submission of Change of Grade form may be completed prior to the 12 months deadline.

My address for any correspondence regarding the removal of the Incomplete is:

Instructor's Signature

Date