

# PETITION FOR AND WORK TO REMOVE AN INCOMPLETE GRADE

## Troy 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:

- Any student who receives a grade of incomplete must adhere to the work completion deadline set by the instructor, not to exceed the end of the following term. This deadline applies whether or not the student re-enrolls for the semester following the assignment of the incomplete grade(s). Failure to clear the incomplete within the specified time period will result in the assignment of a grade of "F" for the course.
- 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