Incomplete Grade Request Form for the College of Education

An incomplete is a temporary grade indicating that the student has a satisfactory record in the work completed but for unusual or unforeseeable circumstances not encountered by other students in the class and acceptable to the instructor is prevented from completing the course requirements by the end of the term. An incomplete grade may not be assigned unless the student has formally requested it by completing this form and the instructor and the Associate Dean have given their permission for the student to receive an incomplete grade.

Section 1: To be completed by student

Student’s Name ___________________________ DePaul Student ID# _______________________

Student’s E-mail address _________________________ Phone: (______) _______________________

Course & Dept. ___________Section _______ Hours ______ Year/quarter _______ (Fall; Winter; Spring; Sum I; Sum II)

Quarter you plan to begin Student Teaching/Internship _______________ Quarter you expect degree conferral _______________

Reason for Incomplete (Attach any supporting documentation; NOTE: Medical documentation and any other sensitive documentation should be submitted to the University Dean of Students only):
_____________________________________________________________________________________________________

Signing this form indicates an understanding that:

All outstanding work must be completed by the end of the 10th week of the second quarter after the incomplete is granted, or prior to student teaching/internship or the deadline for degree conferral, whichever comes first.

If not completed by that time, your grade will automatically change to an F.

If your instructor specifies an earlier deadline, you must abide by that deadline.

You will not re-enroll or attend any other section of the course.

You must work independently on all assignments and exams, with instructor input as appropriate and when possible.

Your instructor will assess your work in a timely manner after your work is submitted.

Failure to complete all requirements by the arranged date may result in a failing grade.

Student’s signature: ___________________________ Date: _________________

Section 2: To be completed by instructor

Instructor’s Name: ___________________________

Deadline for Completion ________ (if prior to the 2 academic quarter maximum extension)

Assignments to be completed (if a paper, length and topic; if an exam, type and material covered; SNL only: competencies covered)
_____________________________________________________________________________________________________

Current Course Progress (must be completed)
Grade on work already completed ______ Relative Weight ____% Note: Incompletes cannot be processed without relative weight.

Instructor’s signature: ___________________________ Date: _________________

Section 3: To be completed by the Department Chair, and the Associate Dean

Department Chair’s signature: _________________ Date: _________________

Associate Dean’s signature: ___________________________ Date: _________________