



**Registrar's Office**  
1435 N. Glenstone Ave.  
Springfield, MO 65802  
Phone (417) 268-1025, Fax (417) 268-1030  
[records@agts.edu](mailto:records@agts.edu)

## Incomplete (I) Grade Request Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Course #: \_\_\_\_\_ Course Title: \_\_\_\_\_

Semester: FA SP SU Year: \_\_\_\_\_

This request for an Incomplete (I) is to be student initiated. It is granted only on the basis of an extenuating circumstance that materially affects the student's ability to complete all course requirements. The incomplete must be cleared by the extension date below provided by the instructor.

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### STUDENT STATEMENT:

I am unable to complete the requirements for the above course due to:

Illness  Accident  Death in Family  Other

I have been unable to complete the course work because:

\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FACULTY STATEMENT:

I approve of this incomplete grade request. The extension of time will permit the student to complete the course work that may affect the overall evaluation. The extenuating circumstances described above were a factor in the student's inability to complete the work. I am able to supervise the completion of this work.

**The extension is granted until: \_\_\_\_\_ (Month/Day/Year)**

*(The extension can be no more than 90 days from the last day of the semester.)*

**If student does not complete course work by the above extension date, a grade of \_\_\_\_ will be assigned as the final grade.**

I disapprove of this incomplete grade request because:

\_\_\_\_\_  
\_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please returned a signed copy to the AGTS Registrar's Office by the last day of class.***