



Incomplete Grade Request

Records Office

1435 N Glenstone Ave • Springfield MO 65802
Phone (417) 268-1025 • Fax (417) 268-1030
records@agts.edu

Student Name _____ Student Number _____

Course # _____ Course Title _____

Semester: Fall Spring Summer Year _____

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

Student Statement:

I am unable to complete the course requirements due to:

- Illness Accident Death in Family Other

I have been unable to complete the course because _____

Student Signature _____ Date _____

Instructor Statement:

- Incomplete request approved.** 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 will supervise the completion of this work.

All coursework must be completed and submitted by (date) _____

The extension date can be no more than 90 days from the last day of the semester

If coursework is not completed, a grade of _____ will be assigned.

- Incomplete request denied.** The request does not qualify for an extension because _____

Instructor Signature _____ Date _____

Return completed request form to AGTS Records before last day of class