



**INCOMPLETE
GRADE SUBMISSION**
Revised 3/24/20 10

Office of the Registrar
1570 Baltimore Pike
Lincoln University, PA 19352
484-365-8087:Phone 484-365-8116:Fax

Last Name	First Name	Middle Initial	Student ID#
_____	_____	_____	_____

Course ID: _____ <small>(e.g. ART 200 01)</small>	Course: _____	Semester: _____ <small>(e.g., Spring 2020)</small>
Instructor: _____		

Summary Reason Incomplete Grade is Justified	(Attach student request and any other documentation)
<input type="checkbox"/> Illness/Injury	
<input type="checkbox"/> Death in the family	
<input type="checkbox"/> Other, explain _____	

1. Student has completed _____% of the total work for the semester with a score of _____ on a scale of 100 points.
2. Grade if no other work is completed _____.
3. Work to be completed: _____ _____ _____ _____
4. Deadline for completion of grade _____. The due date must be no later than March 15 th for Summer and Fall semesters, and November 15 th for Spring semester.
5. Instructor Certification I HAVE explained to the student the assignments or examinations to be completed for removal of the <i>Incomplete</i> grade and that the "I" must be removed within thirty days from the beginning of the next full semester in which the student is enrolled at Lincoln University. I HAVE NOT explained to the student the conditions for removal of the <i>Incomplete</i> grade. A copy of this document will be mailed to the student's home address.

6. Final grade awarded _____	Date: _____
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By typing your name in the signature box, you are agreeing that this electronic signature is the legal equivalent of your handwritten signature on this form.

Instructor's signature _____ Date: _____

Chair's signature _____ Date: _____

Dean's signature _____ Date: _____

FOR USE BY OFFICE OF THE REGISTRAR		
Approval: _____	Entered by: _____	Date: _____