TO BE COMPLETED BY STUDENT:

I hereby request that an Incomplete grade be assigned to me in the course listed. I understand that if the work identified below is not completed by the date specified, the “I” will be converted to a grade of “F” through an administrative action by the Registrar (See Academic Regulations, University Catalog or http://www.tamiu.edu/catalog/).

__________________________________________  ________________  ________________
Student's Name                      CWID                      Semester

__________________________________________
Instructor

__________________________________________
Course Number and Title

TO BE COMPLETED BY INSTRUCTOR:

The student named above must complete the following on or before _______________ ___. 20 ___, to remove the "I" assigned for this course.

Requirements remaining or comments:

__________________________________________

__________________________________________

__________________________________________

SIGNATURES: (Do not submit form until Student, Instructor and Dean have signed below.)

__________________________________________  ________________
Student's Signature                      Date

__________________________________________  ________________
Instructor's Signature                   Date

__________________________________________  ________________
Dean's Signature                         Date

For Registrar’s Office use only

Grade Changed By:______________________
Grade Changed On:_____________________
Grade Audited By:______________________

White-Registrar's Office   Yellow-Student   Pink-Instructor   Blue-Dean