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 of the Registrar (See Academic Regulations, University Catalog).

__________________________  ______________________  ______________________
Student's Name                  SSN                        Semester

__________________________  ______________________
Instructor                   Course Number and Title

TO BE COMPLETED BY INSTRUCTOR:

The student named above must complete the following on or before _____________ _____. 19 ___, to remove the "I" assigned for this course.

Requirements remaining or comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

SIGNATURES: (Do not submit form until student and instructor have signed below.)

__________________________  ________________  ______________________  ________________
Student's Signature                  Date                        Instructor's Signature       Date

Original - Registrar’s Office
Yellow - Student
Pink - Instructor

rev. 11/19/97

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