**Petition to Receive Incomplete Grade**

To be considered for a grade of incomplete (I), the student must be passing the course and have completed two-thirds of the term. An incomplete should not be given merely because a student fails to complete all the course requirements on time, but only if the work was not completed because of extenuating circumstances that the instructor considers to be unavoidable.

The instructor has the discretion to determine when the incomplete must be removed, but that date can be no later than the end of the following semester. It is the responsibility of the student to meet prearranged deadlines for timely completion of any incomplete grades.

Name (print) ___________________________________________ KC ID # __________________ Date __________________

Address ______________________________________________

City ___________________________________________ State __________ ZIP __________________

Signature __________________________________________ Date __________________

**Course for which the grade of incomplete is requested:**

Prefix and number ___________________________ Title __________________________________________ Credits __________

TERM  ☐ Fall  ☐ Winter  ☐ Summer  ☐ Summer  Year ________________

**REASON FOR THE REQUEST TO RECEIVE A GRADE OF INCOMPLETE** (if reason is poor health, please attach note from physician):

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Student signature __________________________________________

**TO BE COMPLETED BY INSTRUCTOR**

Additional work required to clear the incomplete: __________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

If additional required work is not turned in by ________________________________, the grade of ________ will be assigned. (Note: date can be no later than the end of the next semester)

Instructor’s signature __________________________ Date __________________

Program chairperson’s signature __________________________ Date __________________

**REMOVAL OF INCOMPLETE**

1. If request is approved, instructor must submit an I grade, as well as the grade the student will receive if the deficiency is not removed within the specified time limit, on the semester’s final grade roster.
2. Upon evaluation of the required additional work, the instructor must submit the revised grade on a Change of Grade Voucher to the Records Office.