

# University of West Georgia

## Incomplete Grade Statement

Date: \_\_\_\_\_

\_\_\_\_\_  
Student's Last Name                      First Name                      Middle Initial                      Student I.D. Number

\_\_\_\_\_  
Course Number                      Section                      Semester                      Year

Reason for Incomplete Grade:

- Medical        Personal/Family        Government Obligation   
(e.g. jury duty, military obligation, etc.)

Specific work required to complete the course:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's grade to date, excluding work required to complete the course: \_\_\_\_\_

*It is the student's responsibility to complete the work within the University time frame (see the Undergraduate or Graduate Catalog ) or the grade will automatically revert to an F.*

Approvals:

\_\_\_\_\_  
Signature of the Instructor

\_\_\_\_\_  
Signature of the Department Chair  
(Please send a copy to the student after you sign.)

Original: Department

Copy: Student

Revised 10/11