## HOOD COLLEGE

## Office of the Registrar APPLICATION FOR INCOMPLETE GRADE

Due to the Office of the Registrar no later than the last day of classes

Name:			ID#	Class of:	
Last	First	M.			
A request for a grade of incompeyond the student's control. Acourse; 2) the student's progres	An incomplete will not b	e granted if: 1) the stu	dent has not comple	ted at least half of the work of the	
Course:			Semester/Year:		
Reason for incomplete (please	be specific):				
SPRI!		plete must be complete	ed no later than OC's ad Policies upon write		
Work will be completed by			(may not be late	r than the dates indicated above)	
Work or assignments to be con	npleted				
YOU WILL RECEIVE A GR		THE WORK OR ASSI BY DATE INDICATE		D ABOVE IF NOT COMPLETE	
List all courses from previous	semesters in which you	still have an INC grade			
List all other courses for which	you are requesting an I	NC this semester:	-		
Student Signature		Date		8	
INSTRUCTOR:					
Has student completed at least	naterial?	Yes Yes	No No		
Has student met your attendand is it feasible for student to com	k in the time allotted?	Yes	No		
Comments:					
astructor Signature/Date			Department Chair Signature/Date		
Final grade	to be recorded by Regi	strar if work is not co	mpleted by deadlin	ne	
Approval Granted	_ Approval Granted			This section to be completed by the Registrar.	
	Reason:				
-^					
	=	Registrar		D	

Copies: Student- Yellow / Instructor - Pink