

UNCC
DEPARTMENT OF DANCE AND THEATRE

JUSTIFICATION FOR GRADE OF INCOMPLETE

(This form must be on file in the office of the departmental chair prior to a grade of Incomplete being assigned.) Note current catalog statement for policies governing assignment and removal of a grade of Incomplete.

STUDENT NAME _____ STUDENT NUMBER _____

SUBJECT	COURSE NO.	SECT. NO.	TITLE	CR.HR.	SEM.	YR.	GRADE

JUSTIFICATION FOR GIVING INCOMPLETE _____

(USE ADDITIONAL SHEETS IF NEEDED.)

REQUIREMENT(S) TO REMOVE INCOMPLETE (BE SPECIFIC) _____

(USE ADDITIONAL SHEETS IF NEEDED.)

COMMENTS _____

STUDENT'S SIGNATURE / DATE FACULTY MEMBER'S SIGNATURE / DATE

DATE RECEIVED BY CHAIR _____