

Coppin State University
Office of Records and Registration

INCOMPLETE GRADE FORM

THE INSTRUCTOR WILL BE ABLE TO ENTER AN INCOMPLETE “I” GRADE IN EAGLELINKS AND IS RESPONSIBLE FOR ENSURING THAT THIS FORM IS COMPLETED PRIOR TO THE DEADLINE FOR THE SUBMISSION OF FINAL GRADES.

(Please print) Student’s Last Name, First Name & Middle Initial

Student’s ID Number

Address

City

State

Zip Code

Course Discipline Code

Course Number

Section Number

Semester

Year

By signing below, I am requesting an “I” grade for the following reason (s) and will provide documentation as requested.

Student’s Signature _____ Date _____

To be completed by Faculty Member:

1. Please indicate the assignment(s) that the student is required to complete. Projected DOC* _____

2. Explain your grading procedure for this course and indicate the weight of the incomplete assignment(s) in the computation of the grade.

3. Summarize the student’s academic performance in the course.

4. Indicate the grade that will be assigned for the course if all requirements **are not** submitted by the end of the following semester. **Grade** _____

Instructor’s signature

Date

Department Chairperson’s Signature

Date

Dean’s Signature

Date

***DOC= Date of completion. This completed form must accompany the Change of Grade Form when the “I” is requested to be changed to the earned grade. All forms must be forwarded to the Office of the Provost for final approval. Please consult the academic calendar for deadlines.**