VERMONT TECH

Office of the Registrar

INCOMPLETE GRADE

Student name: _____ ID: _____

Course number: _____ Section: _____ Title: _____

Term: _____

Instructor name: _____

Please return this form to the Office of the Registrar as soon as possible.

CURRENT GRADE: I   DEFAULT GRADE: _____

Conditions for make-up or course completion:

_____

_____

_____

_____

Last date to complete the above requirements: _____

Instructor signature: _____ Date: _____/_____/_____
(Signature Date)

It is the student's responsibility to complete make-up requirements for incompletes by **the date stipulated** by the instructor or **no later than 7 weeks** into the subsequent school term.

The final grade will be the default grade, unless the instructor submits a new grade.

Students that are awarded failing grades after completing above requirements will be removed from any course for which they have failed the pre-requisites.

FINAL GRADE: _____   Entered by: ☐ Instructor   ☐ Registrar

Signature: _____ Date: _____/_____/_____