



SOUTHWESTERN ADVENTIST UNIVERSITY

Knowledge. Faith. Service.

REQUEST FOR AN INCOMPLETE GRADE

Student Information

Name: _____ ID # _____
 Major: _____ Contact e-mail _____

Course Information

Academic Term and Year _____
 Course Prefix/No./Title _____

Please describe the circumstances which make it necessary to request additional time to complete this course.

I understand that I must complete the requirements for this course by _____
Date

 Signature of the Student Date _____

Summary of academic work remaining

Grade earned if no further work is submitted _____
 _____ Date _____

Signature of the Instructor of the Course
 _____ Date _____

Signature of the VP for Academic Administration

Submit this form to the Office of the Registrar

For Office Use Only