



**Benedictine**

**University**

**Office of the Registrar**

## **REQUEST FOR AN INCOMPLETE**

**To the Student:** A grade of "I" may be requested by a student for a course in which he or she is doing satisfactory work ("C" or better), but for illness or other circumstances beyond the student's control as determined by the instructor, if the required work cannot be completed by the end of the term. All incompletes must be completed within one regular term from which the course is originally offered. For Fall Incompletes all work must be completed no later than the end of the Spring term. For Winter, Spring and Summer Incompletes all work must be completed no later than the end of the Fall term. Failure to complete the coursework will result in the "I" automatically becoming an "F" grade. Arrangements for this "I" grade **MUST** be completed prior to the final examination or prior to the final class meeting if there is no final exam.

Student must have satisfactory academic standing and not be on Academic Probation to be eligible for an incomplete. International students must speak with the International Programs Office to determine the impact of an Incomplete on visa status.

### **Part I To be completed by the student**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
(Print) Last First MI

Undergraduate  Graduate

Term 20\_\_\_\_\_ Fall  Winter  Spring  Summer

Instructor's Name \_\_\_\_\_  
(Print)

Course \_\_\_\_\_ Incomplete   
Subject Catalog# Class Section Course Name Extension

Reason for Requesting an Incomplete \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Part II To be completed by the instructor**

Coursework to be completed Deadline for Completion

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructor's Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*Instructions to Course Instructor:** Please submit completed form to the Office of the Registrar in Lownik 103 or [registrars@ben.edu](mailto:registrars@ben.edu)

### **Part III To be completed by the Office of the Registrar**

Incomplete Approved: Yes  No

Date Entered (mm/dd/yyyy) and Initials of Registrar Staff \_\_\_\_\_

*Revised: 12-23/JLH*