



Office of the Registrar - Division of Student Affairs

Student Request for a Grade of Incomplete (INC)

Community College

COLLEGE POLICY: The Incomplete grade may be awarded to students who have not completed all of the required course work but for whom there is a reasonable expectation of satisfactory completion.

PLEASE PRINT CLEARLY

Student's CUNYfirst EMPL ID#

Student's Last Name

Student's First Name

COURSE CODE & SECTION & CUNYfirst Registration#

(Example MAT201.1655 19507)

COURSE

SECTION

CUNYfirst #

WHEN WAS THE COURSE TAKEN: [] Fall [] Spring Year: 20__ Session I [] Session II []

Reason for requesting Incomplete:

Work that needs to be completed in order for the Incomplete to be changed to a letter grade:

The student understands that the specific work stated above must be completed by: ___/___/___

The student also understands that if the agreed upon work is not completed by this date, the Incomplete Grade will automatically convert to a FIN (F Incomplete) at the end of the following semester in which the Incomplete Grade is being requested.

I hereby certify that: I read, fully understand and accept the above statements.

Student's Name (Please Print)

Student's Signature

Instructor's Name (Please Print)

Instructor's Signature

Effective Date of this Agreement: ___/___/___

Office use only

Processed by: _____

Date: ___/___/___

Copy 1 - Registrar's Office

Copy 2 - Department

Copy 3 - Student

RO-022 Revised: TL-12/2018