Application for Incomplete Grade

Student Name ____________________________________________

Address __________________________________________________

City, State, Zip ____________________________________________

Course number and name __________________________________

Contingency Grade (required) ________________________________

(grade without incomplete work finished)

Campus mailbox ____________________________ Date __________

Advisor ________________________________________________

Due date for incomplete work (required) ______________________

(no later than end of following semester)

Credit Hours ____________________________________________

Faculty _________________________________________________

Signature of Instructor ____________________________________

Instructor: The student should receive the first copy, and return the second copy to the Registrar. The instructor should keep the third copy. The final grade for the course should be recorded on the faculty copy for the term and sent to the Registrar by the due date recorded above.

Office Of the registrar
5000 Deer Park Drive SE
Salem, Oregon  97317-9392
503.375.7017   I   503.585.4316 fax