



INCOMPLETE GRADE REPORT

Student's Name (Print)	Student ID #	Semester /Year
Instructor's Name (Print)	Course Title	
Campus (circle one) Crownpoint, NM Chinle, AZ Teec Nos Pos, AZ	Course ID Number	
Instructor's Signature		Date

Indicate below exactly what the student must do to remove the incomplete grade. Include enough information, so that another instructor in your field can supervise the student's work if necessary. The student receives one copy of this report.

Date Assignments to be completed: _____

NOTE: A grade change must be submitted by the end of the following semester, or the grade of "I" will automatically turn to an "F".