IVY TECH COMMUNITY COLLEGE

Incomplete Authorization

It is expected that required work be completed by the end of each semester. However, at the discretion of the instructor, an "I" designation may be given, in cases of illness or a cause judged unavoidable. The student must request the incomplete from the instructor, be actively pursuing the course, be passing, and have remaining a small amount of work, such as a final exam, a paper, or a term project which may be completed with further class attendance.

I hereby authorize the assignment for an "I" status for:

_____ _____ in course:
Student's Name Social Security Number

_____ _____ _____ _____
Course ID Sec Title Term

Please provide justification for Incomplete status:

_____

_____

Specifically describe the assignments(s) which must be completed:

_____

_____

This period may not exceed thirty (30) calendar days from the start of the next semester. Please contact the Registrar if additional time is needed for extenuating circumstances. If the aforementioned assignment(s) is/are not completed by this date, the student should be assigned the following grade:

GRADE:_____ Last Date of Attendance_____

_____ _____
Instructor's Signature Date

_____ _____
Program/Department Chair's Signature Date

_____ _____
Division Chair's Signature Date

Distribution: Registrar (original)

Assigned grade issued by:_____ _____
Name Date