

Incomplete | Request Form
Office of Academic Records



PO Box 139 | Dryden, NY 13053-0139 | Phone: 607.844.6500 | FAX: 607.844.6550 | Email: acadrec@tompkinscortland.edu

Meet with your instructor and create a plan to complete work for this course no later than the fourth week of the next semester (excluding the summer semester.) Complete this form and return with all signatures to the Enrollment Services Center, Room 101.

Student Name (PRINT): _____

Student ID: 7 ___ - ___ - ___ ___

Course: _____ Section #: _____ Semester/Year: _____

I request that I be assigned an Incomplete, "I" grade, for the above course for medical or personal reasons for which I have provided documentation to my instructor. I understand that I have 4 weeks into the following semester (excluding summer) to complete and submit the required coursework to the instructor. If I fail to do so, I will receive a grade of F for the course.

The instructor and I have established a plan of what remains to be done for me to complete this course.

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Instructor's name (PRINT): _____