Application for grade of Incomplete (INC)

COLUMBIA UNIVERSITY
School of Professional Studies

An Incomplete (INC) is granted by permission of the Office of Student Affairs in consultation with the course instructor. The purpose of the mark of INC is to permit postponement of the final written work or exam for the course when incapacitating illness, serious family emergency, or other comparably grave situations require such postponement. The major portion of the course requirements must have been completed if a student is to be eligible for the mark of INC.

Students who wish to receive the mark of INC must submit a petition in writing to the Office of Student Affairs before the last day of class; no petition will be accepted after that date. Students who are granted the mark of INC must agree with the course instructor on a terminal date for the completion of the work required for the course. At the very latest, this terminal date must be prior to the end of the following semester.

Name: _____

Address: _____ Telephone: _____

Columbia UNI: _____

Course (Department and number): _____ Term/Year: _____

Instructor: _____

Course requirements to be completed: _____

REASON FOR REQUESTING THE MARK OF INC – *Attach appropriate documentation*

_____
_____
_____
_____
_____

Student's Signature: _____ Date: _____

Program Director's Signature: _____ Date: _____

The Office of Student Affairs has granted you permission to request the mark of INC from the instructor of the above course.

Adviser's Signature: _____ Date: _____

To the Instructor:
This student has been granted permission to request the mark of INC in your course, with the stipulation that the work be completed by _____. If the work is not completed by this deadline, the student will receive the grade earned at the time the Application for Grade of Incomplete was submitted. If the student does not complete the work by this deadline, the student should earn the following grade: _____

Please indicate below whether or not you approve the mark of INC for this student, sign, and return this form to SA, 203 Lewisohn; or call the adviser whose signature appears above at (212) 854-0419.

Please circle one: I   DO / DO NOT   APPROVE THE MARK OF INC FOR THIS STUDENT

Instructor's Signature: _____ Date: _____