

Welch Center for Graduate & Professional Studies | 1021 Dulaney Valley Road, Baltimore, MD 21204

APPLICATION and AUTHORIZATION for INCOMPLETE GRADE

STUDENT: Please complete top portion of this form, then submit to Instructor

NAME:			Student ID #:	
Last	First	MI		found on Goucher OneCard
COURSE INFORMATION				
Semester:	Term:		Year:	
Course ID:	Section #:			
Course Title:				
which the Incomplete is gradate. If the work has not be incompletes will be change was to be have been resolv	anted, and that papers, propers completed by the last of the last of the transcriped. I also understand that	ojects and examir day of the sixth w t at the end of th upon submission	nations must be sub week, the Instructor e examination perio of this application/	of the semester following the semester in mitted directly to the Instructor by that shall award a grade. Unresolved od of the semester in which the Incomplete signed authorization to the Office of the ced with the final grade upon resolution of
STUDENT'S SIGNATURE:				Date:
INSTRUC	TOR: Please complete	this section,	then remit to: R	egistrar@goucher.edu
application for an incomple approximately three-quarte involves more than one-qu	ete with Instructor before the sements of the work of the sementer of the course, and the to the Program Director the sementer the program Director the sementer	the last day of the ester can be com e reasons for Stu hat the Student b	e course. Incomplete pleted by the end o dent's failure to cor	I instances, Student must initiate es are intended to apply to cases where f the semester. If the work to be done applete the work are legitimate, the andraw from the course. When the parties
Medical Reasons: stu treating physician.	dent may be required to s	ubstantiate with	statement from dire	ector, or student heath and counseling, or a
Other Crisis: example	- the death of a loved one	·.		
	g the course regardless of	ability or previou		and would have posed an insurmountable category of Incomplete is not to be used
Remaining work to be co (Continue on 2 nd page, if no	eeded)			
INSTRUCTOR'S NAME (p	rinted):			
INSTRUCTOR'S SIGNATU	RE:			Date: