Request for/Resolution of Incomplete Grade

Student Name ____________________________
JHU Student ID # __________

Instructor Name ____________________________

Term □ Summer □ Fall □ Spring

Course Number ________________ Course Title ____________________________

Reason for Incomplete □ Illness □ Personal Problem □ Other (please explain) ____________________________

Describe work to be completed __________________________________________________________

Reversion grade for unresolved “I” grade ________________________ Date for completion* ________________________

Required Signatures

__________________________
Student Signature

__________________________
Instructor Signature

* Incompletes expire 60 days after the beginning of the following semester. Please see the policy on incomplete grades in the AAP catalog for further details.