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 from the last day of the term.

Please see the policy on incomplete grades in the AAP catalog for further details.