Request for/Resolution of Incomplete Grade

Student Name ____________________________ JHU Student ID # __________

Instructor Name ____________________________

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.