REQUEST FOR INCOMPLETE GRADE

Date: __________________________

Month / Day / Year

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: ________________________________________________

____________________________________________________________________________

Date work must be submitted to the instructor for grading: _________________________

Date the instructor must submit the updated grade to AAP Registration*: _____________

Reversion grade for unresolved “I” grade: __________________________

Required Signatures:

____________________________________________________________________________

Student Signature ____________________  Instructor Signature ____________________

The instructor for the course should submit this form to aapregistration@jhu.edu with their program director and aapstudentservices@jhu.edu copied in the message.

*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.