



REQUEST FOR INCOMPLETE GRADE

Date: _____
Month / Day / Year

Student Name: _____ JHU Student ID #: _____

Instructor Name: _____ Term: Summer Fall Spring _____
Year

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.