



**GALEN**  
UNIVERSITY

Office of the Registrar  
• Tel: (501) 824 - 3226

### Incomplete Grade Form

Full Legal Name:

Last Name	First Name	Middle Name

Student ID No.:

	Telephone: _____
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Course Code:

\_\_\_\_\_

Course Name:

\_\_\_\_\_

Faculty Name:

\_\_\_\_\_

Semester and Year:

\_\_\_\_\_

Explanation and Plan:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A student with an incomplete that continues into the following semester will be charged an Administrative Fee for the course(s) with the incomplete. If an instructor approves a grade of Incomplete, he or she must stipulate the nature of the work/assessment and the timeline **(usually not to exceed one month and in all cases not to exceed a semester)** for the work to be completed.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of Faculty Signature

\_\_\_\_\_  
Date

***Failure to meet the designated deadline will result in a grade of Failure "F."***

FOR OFFICIAL USE ONLY	
Finance Office	Registrar's Office
<i>Processed By:</i> _____	<i>Processed By:</i> _____
<i>Date:</i> _____	<i>Date:</i> _____