

**INSTRUCTIONS:**

1. Review incomplete grade requirements (Procedure No. 00.025).
2. Contact your instructor and fill out the student section completely and sign your name.
3. Meet with your instructor to complete the instructor section and obtain signature.
4. Email this completed form and to the Office of Student and Academic Services at [cph@unthealth.edu](mailto:cph@unthealth.edu).

In the event of extenuating circumstances, a grade of incomplete can only be assigned when a student:

- has surpassed the final withdrawal date according to the UNT Health Academic Calendar; (2) is passing the course (3) is unable to finish the remaining scheduled work due to circumstances beyond the student's control (such as serious illness or injury); (4) and, has the permission of the instructor to finish the course at a later date by completing specific requirements that the instructor must identify.

**SECTION 1: STUDENT:**

**SEMESTER & YEAR:**

\_\_Spring\_\_

\_\_Fall\_\_

\_\_Summer\_\_

**Course Prefix & Title:** \_\_\_\_\_ **Course Instructor:** \_\_\_\_\_

Student Name: \_\_\_\_\_  
*Last First Middle Initial*

Student ID: \_\_\_\_\_ Student Email: \_\_\_\_\_

Justification for incomplete grade request: \_\_\_\_\_  
\_\_\_\_\_

**SECTION 2: INSTRUCTOR:**

I assign the grade of Incomplete (I) to the above-referenced student with the understanding that the coursework listed below must be completed by the deadline to avoid a grade change to "F".

\*Attach additional pages if necessary.

**Deadline for completing Coursework:** \_\_\_\_\_

All work must be completed by the assigned deadline.

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director, Student & Academic Services Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date