



Incomplete Grade

Submit completed form by email to Cheri Garcia at garcia@mjc.edu or in-person to Enrollment Services within 72 hours of grade finalization.

Today's Date: _____

Student Information

First Name: _____ Middle Initial: _____ Last Name: _____

Student ID: w _____

Course Information

Instructor Name: _____ Term/Year: _____

Course Name: _____ Section #: _____

REASON FOR INCOMPLETE GRADE: Extenuating Circumstances Cause judged unavoidable by the instructor
Note: Extenuating Circumstances is: Verified accidents, serious illness or other circumstances beyond the control of the student. Students cannot receive an incomplete grade to retake the course.

Please describe reason Incomplete Grade is being requested by the student: _____

I have reviewed the conditions of an incomplete grade and the student understands the course work must be completed by the given date (not to exceed one year)

Student has been notified through their student email Date of notification: _____

School Policy & Procedures for Incomplete Grades:

An incomplete (I) grade will be given only in cases in which course work could not be completed because of illness or for a cause judged unavoidable by the instructor. Failure to complete regular course work by the end of the semester will not be reason for giving a grade of Incomplete (I). When a faculty member approves a grade of (I) Incomplete, he or she: will enter on PiratesNet an incomplete and the in-lieu grade that will be recorded if the student does not make up the work in the allotted time; will enter on PiratesNet the date on which the incomplete grade will end and the in lieu grade will be awarded; will submit to the Enrollment Services Office a written record (on the Incomplete Form provided) of the conditions for removal of the (I) grade and the grade to be assigned if the work is not completed; will send notification via email to the student using the college-issued student email outlining the work to be completed and timeline; will write the student's grade when all work has been completed on the Incomplete Form in the Enrollment Services Office at least five business days prior to the expiration date of the incomplete grade.

DATE INCOMPLETE REVERTS TO IN LIEU OF GRADE (Not to exceed one year): _____

GRADE IN LIEU OF REMOVAL: A B C D F P NP

I have reviewed the conditions with the student and notified him/her in writing via email as outlined in policy stated above.

Instructor Signature: _____ **Date:** _____

Dean Signature: _____ **Date:** _____

OFFICE USE ONLY - TO BE COMPLETED UPON VERIFICATION OF ABOVE CONDITIONS

COMPLETED DID NOT COMPLETE **Instructor Signature:** _____ **Date:** _____

Grade Awarded: A B C D F P NP

Enrollment Services Staff: _____ **Date:** _____