Admission and Registration Office

**Request for incomplete grade**

|  |  |
| --- | --- |
| **I would be grateful if you grant me an Incomplete grade in:** | |
|  | **Course Name** |
|  | **Course Code** |
| **Reason** | |
| □ Car Accident or Close Family death incident (Report is attached) | **□** Sickness (Hospital report is attached) |

**I acknowledge that I need to set for the missing final exam before the end of the next regular semester to avoid an “F” grade in the exam.**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Student ID** |  |
| **Semester** |  |
| **Academic Year** |  |
| **Program** |  |
| **Concentration** |  |
| **Date** |  |
| **Signature** |  |

**For Official use Only**

**All Incomplete requests must be submitted to the Registrar’s Office within Two weeks from the excuse period end date.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Accountant** | | | |
| Name | Signature | Date | Fees Paid |
|  |  |  | □ Yes  □ No |

|  |  |  |
| --- | --- | --- |
| **Course Instructor** | | |
| Name | Signature | Date |
|  |  |  |
| □ The above student was absent during the final exam of the course mentioned above.  **□** The student satisfies the Incomplete grade regulations, and the total grade in the course is: ( …… ) out of ( …… ). | | |

|  |  |  |
| --- | --- | --- |
| **Head of Department** | | |
| Name | Signature | Date |
|  |  |  |
| **□ Approved**  **□ Rejected** | | |

|  |  |  |
| --- | --- | --- |
| **Director of Admission & Registration** | | |
| Name | Signature | Date |
|  |  |  |
| **□** The student satisfies the regulations for Incomplete grade.  **□** The student dose not satisfy the regulations for Incomplete | | |

REMARKS: THE DOCUMENTS WILL BE GIVEN ONLY TO THE CONCERNED STUDENT