Admission and Registration Office

**Request for incomplete grade**

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| **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.**

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

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| **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 ( …… ). |

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

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| **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