

REQUEST FOR ASSIGNMENT OF INCOMPLETE GRADE

**EL PASO COMMUNITY COLLEGE
P.O. BOX 20500 EL PASO, TEXAS 79998**

REQUEST FOR ASSIGNMENT OF INCOMPLETE GRADE

To Be Completed By Student:

Student ID# _____ Student S.S.# _____

I am requesting the assigned, an Incomplete (I) Grade which will permit me an additional four (4) months to complete the course requirements. I agree to complete the activities specified as "Required Assignments", and I understand the "I" Grade will be converted as indicated in this agreement if the assignments are not completed.

Student Signature Date

Student's Name (Print-Last Name First)

Address

City State Zip

ADMISSIONS/RECORDS USE ONLY:

Change of Grade Received: _____ Yes (Date _____) _____ No Grade Conversion Processed: Date: _____ By: _____

White - Records Green - Veterans' Affairs Yellow - Division Chair Pink - Instructor Goldenrod - Student

To Be Completed By Instructor:

This Student Enrolled for _____
Section #

_____ in
Course Prefix Course #

_____. I agree to
Semester Year

assign an Incomplete (I) Grade so the student may complete the following required assignments _____

If these assignments are not complete, the "I" Grade is to be converted to a grade of _____.

Instructor Signature Date

**NOTE: Submit all copies to the Admissions/Records Office.
The Instructor copy will be returned after processing is completed.**