

GRADUATE PETITION FOR AND WORK TO REMOVE AN INCOMPLETE GRADE Troy University

	Social Security Number: _____
	Location: _____
	Home Phone: _____
NAME (Last, First, Middle/Maiden)	Work Phone: _____
	Course Number and Title: _____
	Term Dates: _____
	Instructor's Name: _____
	Method of Payment: _____

A. Student Completes:

I hereby request that I be assigned a grade of Incomplete (I) for the course indicated above. My reasons for this request are:

(In order to justify a request based upon TDY commitments or illness you must attach a copy of orders or statements from doctor)
I realize the implications of my being assigned an Incomplete grade in this course:

- a. I must remove the Incomplete grade according to the Plan of Work below. This must be done not later than six weeks into the next term enrolled with Troy or 12 months after the end of the term the Incomplete was assigned, whichever comes first. All Incomplete grades are changed to F grades 12 months from the end date of the term if the proper change of grade forms are not received by that time.
- b. The grade of Incomplete (I) is treated as an F in calculating my grade point average. Therefore, the Incomplete assigned in this course might jeopardize my progress in the degree program until new grade is assigned.

Students Signature	Date
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B. Instructor Completes: (Plan of Work)

I approve/disapprove (Circle one) your request to be assigned a grade of Incomplete.
Your estimated grade in this course to date is _____. In order to remove the Incomplete you must complete the following:

A) ____ Test Required	No Yes Attach test in sealed envelope (Test must be different from test administered in the classroom)
B) ____ Paper Required	No ____ Yes ____ Title and Description
C) ____ Book Report Required	_____
D) ____ Independent Project	No ____ Yes ____ Title and Length
E) ____ Other	_____
	No ____ Yes ____ Subject, Length, Description

	Instructor's Signature
	Date

NOTE TO INSTRUCTOR: In no instance may required work be submitted later than eleven calendar months from the end date of the term in which the course was taken so that grading and submission of Change of Grade form may be completed prior to the 12 months deadline.

My address for any correspondence regarding the removal of the Incomplete is:

	Instructor's Signature
	Date