



**OFFICE OF THE REGISTRAR**

711 KNOX ROAD | PO BOX 607 | EAST AURORA NY 14052-0607  
(716) 655 7081 | F (716) 652 8903 | **CKS.EDU**

# INCOMPLETE GRADE REQUEST FORM

**SEMESTER:**

Fall  Spring  Summer Year: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Course no. and title

Reason for Incomplete:

Course requirements unfulfilled:

Date "Incomplete" becomes an "F": \_\_\_\_\_

**I understand that failure to submit required work noted above, by exactly eight weeks from the last day of the course's semester, will result in the grade of "F" for the course listed above.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Dean Signature

\_\_\_\_\_  
Date

---

---

**OFFICE USE ONLY**

Date received in registrar's office: \_\_\_\_\_ Date processed: \_\_\_\_\_