CharterOak STATE COLLEGE
Degrees Without Boundaries

PLEASE RETURN THIS COMPLETED FORM TO:
Attention: Registrar's Office
55 Paul J. Manafort Drive. New Britain, CT 06053
Fax: 860.760.6918 | Email: registrar@charteroak.edu

Request for Incomplete Grade

Incomplete grades may be given only in the following circumstances:	Process:
1. The student's work to date is passing; 2. Attendance has been satisfactory through at least 60% of the term; **3. An illness or other extenuating circumstance legitimately preventing completion of required work by the due date; (Documentation will be required to submit with this form)** 4. Required work may reasonably be completed in within a two-week period; 5. The incomplete is not given as a substitute for a failing grade; 6. The incomplete is not a means of raising his or her grade by doing additional work after the grade report time.	1. The "Request for Incomplete Grade" form may be obtained on ACORN forms tab 2. The student initiates the request for an incomplete grade at least one week before the end of the term; 3. The student must e-mail or fax the form to the Academic Dean, along with appropriate documentation. 4. The Dean will determine if the documentation is sufficient to warrant the instructor to consider an extension. The Dean will either approve or deny. 5. If the Dean consents, the Dean will then send the form to the instructor. The instructor will either approve or deny. **If the instructor approves, the instructor will state the requirements for completion of the course on this form. The instructor will return the form to the Dean and the Dean will send a copy of the approved form to the student**. 6. The Dean will notify the Registrar of approved Requests for Incomplete Grades. 7. The instructor submits the final grade to the Registrar on the Change of Grade form. 8. Incomplete grades appear on the transcript for two-weeks 9. After two-weeks, if coursework is still incomplete, grade will change to 'F'.

_____ _____
Student Name **Student ID Number**

Course Requesting Inc. Grade For: _____ _____ _____
Course Code Course Title Term/Year

Reason for Requesting Incomplete Grade: _____

_____

_____ _____
Student Signature **Date**

THIS SECTION FOR COMPLETION BY COURSE INSTRUCTOR AND ACADEMIC DEAN
Date of Completion for the Course (date cannot exceed 2 weeks from the last day of class) _____/_____/_____

Instructor requirements for completion of course: _____

_____

Instructor Signature: _____ **Date:** _____ ☐**Approved** ☐ **Denied**

Academic Dean Signature: _____ **Date:** _____ ☐**Approved** ☐ **Denied**