Request for an Incomplete

fill out the personal/course data and the Reason, sign, and give to the teacher

Student Name: ____________________________  Southwestern ID: ____________

Address: _____________________  city  state  zip/postal code  country
   street address or P.O. Box

Course Acronym and Number: _______  Name: _______________________________________

Semester: □ autumn  □ spring  □ summer  Year: __________

Reason

Anticipated date for Incomplete removal (maximum date is nine weeks from end of semester): __________

__________________________  date

Student signature

to be completed by the teacher

Work yet to be done

Grade earned if no further work is submitted: _____

__________________________  date

Teacher signature

__________________________  date

Academic Vice President signature

29 Jul 10