



## **INCOMPLETE GRADE REPORT**

Student's Name (Print)	Student ID #	Semester /Year
Instructor's Name (Print)	Course Title	
Campus (circle one) Crownpoint, Chinle, Zuni, Bond Wilson, Teec Nos Pos	Course ID/Section Number	
Instructor's Signature		Date

**Indicate below exactly what the student must do to remove the incomplete grade.** Include enough information, so that another instructor in your field can supervise the student's work if necessary. The student receives one copy of this report.

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**Date Assignments to be completed:** \_\_\_\_\_

**NOTE: A grade change must be submitted by the end of the following semester, or the grade of "I" will automatically turn to an "F".**