Keene State College
INCOMPLETE GRADE FORM

Instructions
Complete this form, keep the bottom (pink) copy for your records and submit the top two copies to the Registrar. Leave the grade box blank on WebAdvisor grade roster.

Student Name __________________________________________ Student ID# __________________________

Course Department, Number & Section: ___________________________ Semester: __________

Course Title: ______________________________________________________________________________________

Reason for Incomplete:

Conditions required for completion of course:
List all assignments, tests, quizzes, exams, etc. the student must complete to finish the course. Be specific.

The student's grade on work completed to date is: __________, representing about __________% of the final grade. (Note: This grade information is not recorded on the student's permanent record.)

Instructor's Signature: __________________________ Date: __________________________

Note: Incomplete coursework from the Fall semester must be completed within the first 7 weeks of the following Spring semester.
Incomplete coursework from the Spring and Summer semesters must be completed within the first 7 weeks of the following Fall semester.

Registrar 02/09