



Southeastern
Baptist Theological Seminary

REQUEST FOR GRADE OF “INCOMPLETE”

Year/Term _____ Course ID _____ Section Number _____

Full Name _____ Student ID _____

Phone Number _____ Degree _____ Date _____

Catalog Description of an “Incomplete” Grade: *Incomplete. If circumstances prevent an otherwise competent student from completing the requirements of a course by the end of the class schedule, the instructor may assign the letter I. The student must complete the work of that course as quickly as possible and must do so by the end of the fourth week following the end of the course. If the grades on incomplete work have not been submitted to the Registrar by six weeks after the end of the course, the Registrar is instructed by the Faculty to record the grade of F.*

Provide a *rationale* behind the student’s request for the grade of “Incomplete:”

Provide details of the agreement between the student and professor:

Student’s Signature: _____

Professor’s Signature: _____

Associate Dean’s Approval (undergraduate only): Yes No

Associate Dean’s Signature: _____

REGISTRAR’S OFFICE USE ONLY

Date Processed: _____ Initials: _____