



Registrar's Office
800 Wheatley Street, Americus, GA 31709-4379

INCOMPLETE GRADE ASSIGNMENT FORM

Note: Must be submitted to the Department Chair/School Dean at the time a grade of Incomplete (I) is assigned. **A copy of this form must be attached to the Change of Grade Form when the (I) is cleared.**

Student Name: _____

gswID#: _____

CRN: _____ Course: _____

Semester/Year: _____

Reason (must be non-academic):

Required of student to clear (I) grade:

Name of Instructor assigning (I) grade

Signature of Instructor

Date Submitted: _____