



OHIO CHRISTIAN
UNIVERSITY™

Incomplete Grade Request

Student's Name: _____

Course Name: _____

Semester: _____ Year: _____

Student-Initiated Request

Why are you requesting an incomplete in this course?

☐ Check here if your answer continues on the other side

☐ Check here if you are providing attachments

Signature: _____ Date: _____

Please Note: If your work is not finished by the new due date established below, your grade will change to "F" or whatever grade your instructor indicates you have earned.

Instructor*

I support the student's request ☐ Yes ☐ No

If approved, the date established for completion is: _____

Please explain why we should grant or not grant this request:

Instructor: _____ Date: _____

***Students:** If you are not able to contact your professor in person, an email of support for your request may be sent to registrar@ohiochristian.edu. **Professors:** when sending an email in lieu of completing this form, please include all information requested in this section.

Decision

☐ Approved

☐ Not Approved

Dean of School: _____ Date: _____

Office Use: ☐ Student Notified ☐ Instructor Notified