

**NEW YORK UNIVERSITY
TISCH SCHOOL OF THE ARTS
REQUEST FOR A GRADE OF INCOMPLETE**

The deadline for submitting this form to the instructor is ***on or before the last day of classes.***

NAME _____ UNIVERSITY ID # _____
PHONE _____ NYU EMAIL ADDRESS _____@nyu.edu
MAJOR DEPARTMENT _____ PLEASE CHECK: UNDERGRADUATE GRADUATE
COURSE NUMBER _____ INSTRUCTOR _____
COURSE TITLE _____ SEMESTER & YEAR OF COURSE _____

STUDENT:

STATE YOUR REASON FOR REQUESTING A GRADE OF INCOMPLETE.

(You may attach additional paper if you need more room for your explanation).

INSTRUCTOR:

LIST THE REMAINING COURSE WORK TO BE COMPLETED.

DEADLINE FOR SUBMITTING INCOMPLETE WORK _____

FINAL GRADE TO BE GIVEN IF INCOMPLETE WORK IS NOT SUBMITTED BY THE DEADLINE GIVEN _____

STUDENT'S SIGNATURE

I understand that I am responsible for submitting my incomplete work by the assigned due date; otherwise I will receive the final grade my instructor has indicated above.

Student's Signature

Date

INSTRUCTOR APPROVAL

To approve the student's request for a grade of incomplete, please sign this form, keep a copy, and give a copy to the student. Please submit the original form to your department administrator. Upon the successful completion of the incomplete work, or upon the expiration of the deadline, please submit a final grade to your department administrator.

Instructor's Signature

Date