

**PETITION FOR AND WORK TO REMOVE AN INCOMPLETE GRADE  
Troy University**

\_\_\_\_\_  
NAME (Last, First, Middle/Maiden)  
\_\_\_\_\_  
\_\_\_\_\_

Social Security Number \_\_\_\_\_  
Location \_\_\_\_\_  
Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Course Number and Title \_\_\_\_\_  
Term Dates \_\_\_\_\_  
Instructor's Name \_\_\_\_\_  
Method of Payment \_\_\_\_\_

**A. Student Completes:**

I hereby request that I be assigned a grade of Incomplete (I) for the course indicated above. My reasons for this request are:

(In order to justify a request based upon TDY commitments or illness you must attach a copy of orders or statements from doctor.)

I realize the implications of my being assigned in Incomplete grade according to the Plan of Work below. I further realize that it is my responsibility to contact the instructor. The deadline for completing the Incomplete grade **will not exceed the end of the following term**. All Incomplete grades are changed to F grades at the end of the following term if the proper change of grade forms are not received by that time.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**B. Instructor Completes: (Plan of Work)**

I approve/disapprove (Circle one) your request to be assigned a grade of Incomplete. Your estimated grade in this course to date is: \_\_\_\_\_. In order to remove the Incomplete, you must complete the following:

- |  |   |
|--|---|
| <input type="checkbox"/> A) Test Required        | No <input type="checkbox"/> Yes <input type="checkbox"/> Attach test in sealed envelope<br>(Test must be different from test administered in the classroom) |
| <input type="checkbox"/> B) Paper Required       | No <input type="checkbox"/> Yes <input type="checkbox"/> Title and Description<br>_____   |
| <input type="checkbox"/> C) Book Report Required | No <input type="checkbox"/> Yes <input type="checkbox"/> Title and Length<br>_____  |
| <input type="checkbox"/> D) Independent Project  | No <input type="checkbox"/> Yes <input type="checkbox"/> Subject, Length, Description<br>_____  |
| <input type="checkbox"/> E) Other                | No <input type="checkbox"/> Yes <input type="checkbox"/> Information needed to complete course<br>_____<br>_____  |

**DEADLINE FOR SUBMITTING ALL REQUIRED WORK:** \_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

**NOTE TO INSTRUCTOR:** In no instance may required work be submitted later than one term from the end date of the term in which the course was taken so that grading and submission of Change of Grade form may be completed.

My address for any correspondence regarding the removal of the Incomplete is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date