Reason for INCOMPLETE Grade

I have awarded a grade of Incomplete for ________________________________________

First name       Last name

in Course________________________ in the ______________ semester/year

Department    Course #    Section

for the following reason:

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

In order for the incomplete to be removed the student must:

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

I understand that per college policy, the incomplete grade must be removed by the last
day of the following semester. I understand that the incomplete grade will be
calculated in the GPA as an F and that if the I grade is not changed by the end of the
following semester, it will automatically change to an F grade. If the faculty member
requests an earlier date for this action to occur, write the date here: ________________.

Date       Professor Signature

This form must be turned in to the Office of Records by the faculty via in person, or scanned and emailed to the Office
of Records via the faculty member’s Millsaps email address.

FOR RECORDS OFFICE USE ONLY:

_________ INITIAL OF PERSON WHO INPUT “I” GRADE

_________ DATE OF WHEN “I” WAS INPUT

_________ DATE WHEN “I” GRADE WILL AUTOMATICALLY CHANGE TO “F” IF NOT CHANGED BEFORE

Form last updated: 12/16/2015