

## INCOMPLETE GRADE REQUEST

**POLICY:** An Incomplete (I) grade may be awarded if a student faces an unforeseeable and unexpected circumstance that prohibits them from being able to complete all coursework by the end of a term/semester. An Incomplete grade request may be initiated by a student, faculty member, faculty advisor, or Department Chair. In all cases, the student must be passing the course at the time of request, and the request must be made prior to the term/semester Grades Due date as published on the Academic Calendar.

If an Incomplete grade is awarded, the deadline for completion of all outstanding coursework in an on-ground course must fall at least seven (7) calendar days before the Add/Drop deadline of the subsequent semester. For online courses, the deadline for completion may not extend beyond the Wednesday of Week 1 of the subsequent term. The faculty member must submit a Grade Change Request by the Add/Drop deadline of the subsequent term/semester. An Incomplete grade will be changed to failing grade unless the Grade Change Request is submitted by the deadline. Refer to Incomplete Grade in the Student Handbook for more information.

**INSTRUCTIONS**

- Step 1: Provide Student Information – Form initiator completes and routes to Step 2.
- Step 2: State Rationale and Establish Deadlines – Faculty member completes, signs, obtains student’s signature, if needed, and routes to Step 3.
- Step 3: Approve Request – Department Chair signs and submits to [TCSPRegistrar@thechicagoschool.edu](mailto:TCSPRegistrar@thechicagoschool.edu) via FAX at 312.757.7013.

**STEP 1: PROVIDE STUDENT INFORMATION**

STUDENT NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_  
 TCSP E-MAIL: \_\_\_\_\_ PHONE#: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
 TERM/SEMESER & YEAR: \_\_\_\_\_ DEGREE LEVEL: \_\_\_\_\_ PROGRAM: \_\_\_\_\_  
 Student Signature: *I agree to complete my remaining course requirements detailed below by the stated deadline.*

STUDENT SIGNATURE:	DATE:
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**STEP 2: STATE RATIONALE and ESTABLISH DEADLINES**

**Rationale for Granting Incomplete Grade:**

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Course Information	Prefix & Course #	Section	Credits	Course Title	Current Grade & % for the Course

**Outstanding Course Requirements:**

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**Deadline for Outstanding Course Requirements:**

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**Faculty Member Signature:** *By signing this form, I agree to the administrative assignment of an Incomplete grade for this course. I agree to submit a Grade Change Request form carrying the final course grade to the Office of the Registrar by the Add/Drop deadline of the subsequent term/semester.*

FACULTY MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**STEP 3: APPROVE REQUEST**

DEPARTMENT CHAIR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY	
Registrar Processed: (Initial & Date)	SAP Status: <input type="checkbox"/> Meeting SAP <input type="checkbox"/> Academic & FA Warning <input type="checkbox"/> Academic & FA Probation <input type="checkbox"/> Academic Dismissal