EUREKA COLLEGE

THE MOMENT OF DISCOVERY

FOUNDED 1855

INCOMPLETE GRADE SUBMISSION FORM

Date: _____

Student Name: _____ SONISID: _____

Course ID: _____ Course Title: _____

Academic Year: _____ Semester: FALL SPRING SUMMER

Expected Date of Completion: _____

Rationale for Incomplete:

_____

_____

Coursework to be completed:

_____

_____

_____

_____

Student Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Records Office Signature: _____ Date: _____

cc to Instructor: _____   cc to student: _____

- -

DATE INCOMPLETE REMOVED: _____ GRADE: _____

Instructor's Signature: _____ Date: _____

Records Office Signature: _____ Date: _____

Student Notified: _____