Incomplete Grade Request

To submit the completed form
In Person at the Registrar’s Office in Johnson Hall
Scan and email to registrar@ohiochristian.edu  Fax to 877-883-9910

An approved incomplete must be resolved within 6 weeks of the semester in which it is awarded. After this time, an incomplete becomes an “F.”

Student’s Name: __________________________________________________
Course Name: ______________________________________________________
Semester: _____________  Year: _____________

Student-Initiated Request

Why are you requesting an incomplete in this course?
☐ Check here if your answer continues on the other side
☐ Check here if you are providing attachments

Signature: ____________________________  Date: __________

Instructor

I am initiating this request  ☐
I support the student’s request  ☐ Yes  ☐ No

If approved, the date established for completion is: ________________

Please explain why we should grant or not grant this request:

Instructor: ____________________________  Date: __________

Decision

☐ Approved  ☐ Not Approved

Provost: ____________________________  Date: __________

Office Use:  ☐ Student Notified  ☐ Instructor Notified