SAINT MARY’S COLLEGE
REPORT OF INCOMPLETE GRADE FORM
RETURN TO REGISTRAR’S OFFICE

Fall Semester, (year) __________   Spring Semester, (year) __________

The grade of “X” is used to indicate the course has not been completed due to circumstances beyond the control of the student. It will convert to an “F” on the permanent record if not changed to a passing grade within 30 days after the beginning of the next semester. Extenuating circumstances must be explained on this form when recording an “X” grade.

Student Name ________________________________________ ID Number ____________________

Class of... __________   Major ______________

Instructor* __________________________________________________________________________

Course Dept/number: ___________________________ CRN Number ______________

Reason for “X” Grade ______________________________________________________________________

__________________________________________

Work That Must Be Completed ___________________________________________________________

__________________________________________

Estimated Grade in Course __________

Last Date Work Will Be Accepted ______________

__________________________________________

Instructor’s Signature ___________________________ Date ___________________________

*If someone other than instructor will evaluate work or submit grade, give his or her name also.

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