

**COLLEGE OF FINE ARTS**  
*Boston University*

**APPLICATION FOR INCOMPLETE (I) GRADE**

**TO BE COMPLETED BY THE STUDENT:**

Name \_\_\_\_\_ ID \_\_\_\_\_

Local Address \_\_\_\_\_ City/State \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

College of Registration \_\_\_\_\_ Class Year \_\_\_\_\_

Course number, section and title \_\_\_\_\_

Instructor \_\_\_\_\_

Reason for *Incomplete* grade \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**\*THIS FORM MUST BE APPROVED BY BOTH THE INSTRUCTOR AND THE DIRECTOR OF THE SCHOOL BEFORE THE LAST REGULARLY SCHEDULED CLASS MEETING OF THE SEMESTER.**

**ADMINISTRATIVE USE ONLY**

**TO BE FILLED OUT BY THE INSTRUCTOR:**

Description of work to be completed: \_\_\_\_\_

Date by which work will be completed:

Fourth week of next semester (*not including summer term*) \_\_\_\_\_

Other (*please explain*) \_\_\_\_\_

Instructor:

Approved \_\_\_\_\_ Date \_\_\_\_\_

Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Instructor's Signature \_\_\_\_\_

School Director:

Approved \_\_\_\_\_ Date \_\_\_\_\_

Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_

**\*AFTER FORM IS COMPLETE WITH ALL SIGNATURES, IT MUST BE TURNED IN TO THE COLLEGE OF FINE ARTS, DEAN'S OFFICE, RM 230**