

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**