



# INCOMPLETE GRADE REPORT

Office of the University Registrar

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*Note: Incomplete grades must be resolved within the time period allowed by the individual school or college of enrollment, or the maximum of one year (whichever comes first), at which time the grade will be converted to the final grade indicated below, or 'F' if no grade is indicated. In CGS and Questrom, grades must be resolved by the end of the following semester.*

**Completed forms must be returned to the student's school/college of enrollment.**

## Student Information:

Name: \_\_\_\_\_ BU ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Student's College of Enrollment: \_\_\_\_\_ Class Year: \_\_\_\_\_

Course: \_\_\_\_\_ Section: \_\_\_\_\_ Sem/Year: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

## To be completed by the instructor:

Reason for Incomplete Grade: \_\_\_\_\_

To date, the student has completed \_\_\_\_% with an average of \_\_\_\_ for the portion of work completed.

If the student fails to complete the **missing work** by [date] \_\_\_\_\_, the **final grade** to be recorded is \_\_\_\_\_.

Assignment(s) to be completed:

*Requirement*

*Deadline*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have been in contact with the student regarding the 'I' grade for this course.

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_