

Incomplete Grade Form

(To be completed by Student)

Student Name		myWSU ID#		
Course: SCWK	CRN#	Semester	Year: 20	
Instructor		Last Date of Attendance/Parti	cipation	
1. Briefly provide a ration	ale for your request	for the incomplete.		
2. List/describe the work t	hat needs to be comp	oleted for the course requirements.		
There must be extenuating of	circumstances that less my responsibility	y grant nor are they obligated to give ad to the decision to request an incon as the student to ensure that I compl	nplete and the opportunity	
I understand that I will not b	be able to progress in	nto the practicum until the incomplete	grade is resolved.	
	ly be changed to an	iversity policy as stated in the WSU U"F" if I have not completed the cours g the summer term).		
Catalog, if I have not comp	leted the course requ	e Graduate School policy as stated in irrements by the end of the second senumer term), I will have to retake the	mester following the	
Student's signature		Date		
	Ins	tructor's Approval completed by instructor)		
Current grade in the course		Final grade if missing work is not co	ompleted	
Coursework to be complete	d by this date			
Instructor's signature		Date		