

Please Return Form to:
Ramapo College of NJ
Office of the Registrar
Academic Building D-224
505 Ramapo Valley Road
Mahwah, NJ 07430
Fax: 201-684-7956

Request for Incomplete Grade

Fall 20_____

Spring 20_____

(Please Print)

Summer 20_____

An Incomplete grade is given in **exceptional circumstances** when approved by the instructor and when requested by a student who has satisfactorily completed at least two-thirds of the course requirements prior to the end of a term, for reasons of illness or other emergency. When the work is completed by the date indicated on the Academic Calendar, the grade assigned replaces the I. If work is not satisfactorily completed by the date indicated in the Academic Calendar, the grade is changed to an **F**.

Student ID Number: _____

Student Name: _____

Ramapo E-Mail Address: _____

Student Signature: _____

Title: _____

CRN: _____

Subject/Course Number/Section Number: _____

For the Following Reason: (REQUIRED) _____

Work Needs to be Completed: (REQUIRED) _____

Completion Date: (Select one) _____ **Deadline as published in Academic Calendar**

_____ **Other (If prior to deadline as published in Academic Calendar)**

Instructor Signature: _____

Requests must be filed with the Office of the Registrar no later than the last day of class. All