

**Form # 8: Application for Incomplete**

Name: \_\_\_\_\_

UNI: \_\_\_\_\_

Date: \_\_\_\_\_

**INCOMPLETES** can be granted in cases of incapacitating illness, serious family emergency, or in circumstances of comparable gravity. Permission can also be granted in order to allow a student to consult research materials not obtainable in the course of the semester.

Any student who believes that his/her situation warrants the granting of "IN" should complete this form:

1. First obtain the approval signature of the instructor before submitting the form.
2. Then obtain signature of a presiding Dean.

If you are requesting an "IN" in more than one course, a *separate* form must be submitted for each course.

**NB: Students with more than two grades of incomplete "IN" will have a registration hold placed on their account.**

**STUDENT INFORMATION:**

Local Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Program:  MIA  MPA Concentration \_\_\_\_\_

First term at SIPA:  Fall  Spring 20\_\_\_\_

Is this your last semester?  Yes  No Expected Graduation: \_\_\_\_\_ 20\_\_\_\_

**COURSE INFORMATION:**

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Fall  Spring 20\_\_\_\_ Instructor: \_\_\_\_\_

*Please describe the work you are submitting late, give the proposed submission date, and the reason for this request. (If the reason is medical, confirmation from the University Health Service or your doctor must accompany this form):*

Paper  Exam  Other **Proposed deadline:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT AGREEMENT and APPROVALS**

**I understand that in making this request, I agree to submit all outstanding work to the instructor no later than the date noted above or I will forfeit all credit for this course.**

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

Instructor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date \_\_\_\_\_