



Removal of Incomplete Grade

Today's Date _____

Student's name _____ ID number _____

Student's Email Address _____ Phone: _____

Circle year: 1L 2L 3L LLM Anticipated graduation date: _____

COURSE NAME & NO. _____ UNITS _____

INSTRUCTOR: _____ SEMESTER COURSE WAS TAKEN: _____

Fill out below to REMOVE incomplete grade:

Date work completed: _____

Grade assigned: _____

Instructor's Signature: _____ DATE _____

Grade Change Approved: _____ DATE _____

Emily Scivoletto, Senior Asst. Dean for Student Affairs