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