



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_____

Summer 20_____

(Please Print)

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