



CERRO COSO COMMUNITY COLLEGE

To be completed by the instructor for each grade of Incomplete awarded.

Fall Spring Summer _____

Incomplete Grade Form

Student's Name _____ ID# _____

Course Name _____ CRN _____ Units _____

Reason for not completing course requirements:

Letter Grade student has earned prior to receiving the incomplete: _____

Requirements for clearing the Incomplete:

Except in the case of extenuating circumstances, if the student does not complete the above requirements within one year of the date shown on this form, the **incomplete** will be converted to a **grade** of: (Please circle one) **B C D F** and be entered on the student's permanent record.

Instructor's signature: _____ Date: _____

Student's Signature: _____ Date: _____

Copies: No. 1 - A&R
No. 2 - Instructor
No. 3 - Student