

Request for Re-examination/Remediation of Incomplete Grades

Student Name: _____ G-ID: G _____
Student Email: _____ Phone Number: _____

Course Number (ex. MDM4 1111): _____

Course Title: _____

Course Director(s): _____

Semester (check semester of enrollment): Fall _____ Winter _____ Year _____

Reason for incomplete grade:

Requirements for remediation of the incomplete:

Proposed date for retest (if applicable):

Proposed date for completion of missing assignments (if applicable):

Final Date for remediation of the incomplete grade:

Student Signature: _____ Date: _____

Course Director's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

SOM Registrar's Signature: _____ Date: _____