



# Incomplete Grade Request

The purpose of this form is to apply for an Incomplete Grade as outlined in the Guam Community College Academic Catalog. Appropriate approval must be granted prior to submitting the form to the Office of Admissions & Registration. Please see the current GCC Catalog for the Incomplete Grade Policy.

<b>Last Name</b>	_____	<b>First Name</b>	_____
<b>Student ID</b>	_____	<b>Program</b>	_____
<b>Email</b>	_____	<b>Phone</b>	_____
<b>Semester</b>	_____	<b>Year</b>	_____
<b>CRN</b>	_____	<b>Course Title</b>	_____

Please indicate below the reason(s) for applying for an Incomplete (I) Grade. This form must be completed and submitted to the Office of Admissions & Registration by the end of the term in which you are requesting the Incomplete.

I have medical documentation on file with Disability Services and/or Advising.

Verification Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(This signature only verifies documentation on file and does not indicate a recommendation.)*

I have attached an explanation of the extenuating circumstances for this request.

Instructor Name: \_\_\_\_\_

Approved       Denied

Terms of Incomplete: \_\_\_\_\_

\_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Name: \_\_\_\_\_

Approved       Denied

Comments: \_\_\_\_\_

Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_