



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.

Last Name	_____	First Name	_____
Student ID	_____	Program	_____
Email	_____	Phone	_____
Semester	_____	Year	_____
CRN	_____	Course Title	_____

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.)

Instructor Name: _____

Approved Denied

Terms of Incomplete: _____

Instructor Signature: _____ Date: _____

Department Chair Name: _____

Approved Denied

Comments: _____

Chair's Signature: _____ Date: _____