



HELLENIC COLLEGE / HOLY CROSS

INCOMPLETE GRADES

Student's Name: _____ Course: _____ Semester & Year: _____
Professor's Name: _____ Date Incomplete Form Filled: _____ Date work due (30 calendar days after last day of semester): _____

1. Work to be completed for the course: (Describe in full or provide a syllabus with the item(s) due marked.)

2. Criteria for evaluating the work to be submitted: (Professor can provide handout given to the class.)

3. Reason for granting the Incomplete:

4. Professor's Signature _____ Date: _____

5. Student's Signature _____ Date: _____

6. Advisor's Signature _____ Date: _____

*Advisor, please make three copies of the form when the professor, student and you have signed it. Give each signee a copy of the form. Submit one copy to the Registrar when grades are due.

7. Registrar's signature _____ Date received: _____