U Central

THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
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Request for Grade of Incomplete

Student Name:		ID #:	ID #:	
(Please print current n	name on file)			
CRN (required):	Term:	Course:	Section:	
1. The student is pa	ssing the course to date a		rth of a semester and only if: quired work during the allotted time and valid and that the grade of "I" is justified.	
Reason of "I" grade for the	he above course and stud	ent:		
		complete the remaining work th	ne end of the next regular (Fall and Spring) term and no cha	ange of
	s final grade in the course		nd what weight does it have along with the above grade in other communication with student outlining work to be comp	oleted in
Student Signature (if pos	ssible)	Date		
Instructor Signature		Date		
Signature of Department	t Chair Acknowledging Red	ceipt Date		
	de of "NR" (Not Report) wil		or faculty to enter grades, for an "I" to be entered as the stud which will changed to an "F" in fourteen calendar days if the	
		For Registrar's Office	Use Only:	
Posted Date:		"NR	t" grade posted date:	
Alternate grade poste	d date:	ff Signature:		