Yale University
Graduate School of Arts and Sciences
Request for Temporary Incomplete

Student request (please save before printing)

Name: _____   **SID:** _____

Department: _____

I request a grade of "Temporary Incomplete" in the following course:

Course: _____ _____ _____   **Instructor:** _____
Department #   *CRN*   *Term*
(e.g., HIST 500)   *(five digits)*   *(Fall/Spring)*

Reason for extension: _____

_____

_____

I understand that I may not request more than one grade of Temporary Incomplete per term without permission of the Graduate School and that any such grades must be resolved by the first weekday of October of the following academic year or they will be recorded permanently as Incomplete on my transcript. I have discussed the work to be completed, deadline and location for submitting the work with the instructor as outlined below, as well as the grade that will be assigned should I not complete the work as stated.

Signature: _____   **Date:** _____

Accommodation provided by the instructor

Work to be completed: _____

_____

_____

_____

Date Due: _____   **Grade if not completed:**   Incomplete   Fail
(no later than September 1)   *(circle one)*

Submission instructions: _____

_____

I have discussed the terms of this accommodation with the student. Should the student complete the work in the manner stated above, I agree to submit a grade for completed work to the Graduate School by the deadline of the first weekday of October.

Signature: _____   **Date:** _____

DGS approval

I recommend that the student be permitted to receive a grade of Temporary Incomplete in this course.

Signature: _____   **Date:** _____

After department approval, either (1) fax to 203-432-6904 or
(2) send to Graduate School Associate Deans' Office, Hall of Graduate Studies (HGS) Room 134