

Incomplete Grade Form (To be completed by Student)

Student Name		myWSU ID#	
Course: SCWK	CRN #	Semester	Year: 20
Instructor		Last Date of Attendance/Pa	rticipation
1. Briefly provide a ratio	nale for your request t	for the incomplete.	
2. List/describe the work	that needs to be comp	pleted for the course requirements.	
There must be extenuating	circumstances that le is my responsibility	y grant nor are they obligated to give ad to the decision to request an ince as the student to ensure that I come	omplete and the opportunity
I understand that I will not	t be able to progress in	nto the practicum until the incomple	ete grade is resolved.
	ally be changed to an	iversity policy as stated in the WSU "F" if I have not completed the coug the summer term).	
Catalog, if I have not com assignment of the incompl also understand that the G	pleted the course requete (excluding the sun raduate School 2 nd sen	e Graduate School policy as stated irements by the end of the second mer term), I will have to retake the nester requirement for course compor co-requisite requirements of the	semester following the e course to receive credit. I pletion may be modified and
Student's signature			
	Ins	tructor's Approval completed by instructor)	
Current grade in the cours	e	Final grade if missing work is not	completed
Coursework to be complet	ed by this date		
Instructor's signature		Date	