

HENDERSON COMMUNITY COLLEGE
Henderson, KY 42420

INCOMPLETE GRADE REPORT

STUDENT'S NAME _____

STUDENT ID _____

COURSE NAME _____ COURSE # _____ HRS. CR. _____

SEMESTER _____

(Instructor's signature)

YEAR _____

(Date)

BRIEF STATEMENT OF REASON FOR INCOMPLETE GRADE:

GUIDE FOR REMOVAL OF INCOMPLETE GRADE PLUS SUGGESTED GRADE (attach additional sheets if necessary):

Note: The instructor and student will discuss the requirements for completion of course with the time limit for completion not to exceed a maximum of one year; failure to do so will result in a change from an "I" to an "E".