

**REQUEST FOR AN INCOMPLETE**

*It is the student's responsibility to complete this optional form, in consultation with the faculty member, obtain the faculty signature, and then submit the form to the appropriate department chair. Requirements and deadlines should be clearly articulated and explicitly stated below. For more information regarding the University's policies on incompletes, please visit <http://www.wiu.edu/vpas/policies/incomplete.php>.*

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**Student Name:**

**WIU ID Number:**

**Instructor Name:**

**Department:**

**Course Number:**

**Section:**

**Semester Registered:**

**Reason for Incomplete:**

**Coursework required to replace the incomplete with a final course grade (additional documentation may be attached):**

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_