REQUEST FOR INCOMPLETE

The granting of an Incomplete requires the concurrence of the student, the instructor, and the dean. Please refer to the appropriate section of the Dartmouth College Bulletin (ORC), or the MALS Handbook for additional information regarding a request for a temporary designation of Incomplete.

Please print the following information:

_________________________ has agreed to complete

Student’s Name          DID#

the required work in _______ for _____________________ by

Course                      Instructors

_________________________. The Instructors will report the grade to the MALS Office or the Office of Graduate Studies by_________________________.

Date

Reason for Incomplete:
I agree to the terms stated above:

__________________________  ______________________
Student                     Date

__________________________  ______________________
Instructor                  Date

__________________________  ______________________
Dean/Asst. Dean of Graduate Studies  Date

*Failure to meet this deadline will normally result in a grade of No Credit (NC)*