



DONALD E. PEASE

Chair

WOLE OJURONGBE

Director

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 Date
Date

Studies by _____
Date

Reason for Incomplete:

I agree to the terms stated above:

Student Signature

Date

Instructor Signature

Date

Dean/Asst. Dean of Graduate Studies

Date

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