



SAVANNAH STATE UNIVERSITY
UNIVERSITY SYSTEM OF GEORGIA
SAVANNAH, GEORGIA 31404

AWARDING AN "I" (Incomplete) GRADE

The form below is designed to help ascertain compliance with the [Incomplete Grade Policy](#).

This is to certify that _____; SID _____
(Student Name)

is awarded the grade of "I" for _____
(Course number and title)

taken by him/her during _____ Semester, 20_____.

The academic work of this student presently is satisfactory passing but for the non-academic reasons and/or conclusive evidence indicated below, this student is unable to complete the following requirements of the course at this time:

- Final Examination Projected Completion Date:
 Additional requirements {Specify with Projected Completion Dates in a Separate Attachment}

Supporting Documentations: Please provide the supporting documentations below as an attachment

- Non-Academic Reasons Detailed copy of the student's grade performance

I, _____, agree to complete remaining work by the anticipated deadline(s) indicated above. I understand that if the work is not completed within the time frame allotted by Savannah State, I will receive the grade specified in the University's policy. **If I have any concerns or questions with the remaining work and anticipated deadline(s), I understand that it is my responsibility to initiate contact with my instructor.**

Student's signature: _____ Date: _____

I, _____, approve the above student's request for an Incomplete based on the documented circumstances that have affected his/her/their ability to meet the requirements for the course. I also approve the student's agreement to complete remaining work by the deadline(s) indicated above, but no later than the timeframe specified by university policy.

Instructor's Signature: _____ Date: _____

Chair's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____