Application for grade of Incomplete (IN)*

An Incomplete (IN) is granted by permission of the Office of Student Engagement in consultation with the course instructor and their academic adviser. The purpose of the mark of IN is to permit postponement of the final written work or exam when incapacitating illness, serious family emergency, or other comparably grave situations outside the student’s control occurs. A student's failure to attend classes and complete work on time is not considered justification for an incomplete grade. The major portion of the course requirements must have been completed if a student is to be eligible for the mark of IN.

Students who wish to receive the mark of IN must submit a petition in writing to the Office of Student Engagement before the official last day of classes; no petition will be accepted after that date. Students who are granted the mark of IN must agree with the course instructor on a terminal date for the completion of the work required for the course.

Name: ________________________________
Columbia UNI: ____________ CU Number: C00 _______ Telephone Number: ________________
Course Number and Section: ________________________________ Term/Year: ________________
Instructor Name: ________________________________
Course requirement to complete: _______________________________________________________

REASON FOR REQUESTING THE MARK OF IN – Attach appropriate documentation

Student’s Signature: ________________________________ Date: __________________

REQUIRED SIGNATURES TO APPROVE IN GRADES:

To the Instructor:
This student has been granted permission to request the mark of INC in your course, with the stipulation that the work be completed by ______________. If the work is not completed by this deadline, the student will receive the grade earned at the time the Application for Grade of Incomplete was submitted. If the student does not complete the work by this deadline, the student should earn the following grade: _________

1. Instructor’s Signature: ________________________________ Date: __________

2. Academic Director’s Signature: ________________________________ Date: __________

3. Program Advisor Signature: ________________________________ Date: __________

Return forms by email to spsadvising@columbia.edu or drop off in Lewisohn Hall 203.

*Non-personal and non-identifiable information from this form may be used for programmatic assessment purposes.

Updated 9.24.19