



HEBREW UNION COLLEGE  
**JEWISH INSTITUTE OF RELIGION**  
Office of the National Registrar  
3101 Clifton Avenue Cincinnati OH 45220  
Fax: (513) 221-2531 www.huc.edu

**REQUEST FOR INCOMPLETE**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

The above-named student requests permission to receive the grade of "I" (incomplete). Incompletes that are not completed by the deadlines set forth in the *National Student Handbook* automatically become incomplete failures (IF).

Course for which incomplete is requested: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

**Depending on the circumstances, the instructor may impose a more stringent deadline rather than allowing the student the maximum permitted under the National Student Handbook.**

Incomplete Due Date: \_\_\_\_\_

\_\_\_\_\_  
Signature(s) of Instructor(s) in whose course the incomplete is being requested

**\*\*\* For Program Director Office \*\*\***

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Dean or Academic Program Director