

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