

STUDENT INFORMATION				
Student Name:		Date:		
Student ID Number:		Track:	X 🗌 🛛 N 🗌	ZZ
COURSE INFORMATION				
I, the undersigned, request to take an Incomplete for the following course in the Term/Year indicated:				
Requested Action:			Term	Year
Request for Incomplete			🗌 Fall	
Course ID # Due Date for Incomplete			Winter	
Course Title			Spring	
Instructor Name			Summer	
Please list any other Incompletes you have taken this academic year. Maximum of 3 incompletes per academic year (fall through summer): 1 2				
on or before the origin	equest for an incomplete to the instructor al course work due date. e form and record a grade of "I" on the	<b>Required Signatures:</b> If emailing form, student must submit this form from their My.Pacifica.edu student email account.		
with a Grade Change I	adents must submit completed work Form to the instructor no later than four of the following quarter.	Student Date Date I certify that my typed name is my authorized signature		
If final work is not submitted within the required time period, a failing grade will be issued. The final recorded grade on the transcript will reflect "I" plus the grade in the course (i.e. IA, IB, etc.).		Instructor Date		
	d programs may take no more than r academic year (fall-summer).	Deviced 9/2022		
		Revised 8/2023		