REQUEST TO COMPLETE COURSE

Arkansas State University-Beebe Office of the Registrar PO Box 1000 Beebe, AR 72012

PH: 501.882.4415 FAX: 501.882.4421

EMAIL: registrar@asub.edu



To ensure proper arrangements and recording of credit and grades, this form MUST be completed and approved prior to making any arrangements for an incomplete grade of "I". Per University policy, incomplete grades not removed within one semester following the recording of an "I" will automatically become grades of "F" on the student's official transcript.

I. To be completed by the instructor		
STUDENT NAME	STUDENT ID#	
COURSE NUMBER	COURSE TITLE	SEMESTER/TERM
Reason(s) student cannot complete th	is course during the sen	nester the student is registered:
List specific coursework remaining f	or course completion:	
Expected date of completion (must land) II. Signatures below indicate an underst requirements have been met, the instructional grade to the office of the Registrar.	anding and acceptance of actor will complete the <i>Ch</i>	f the above. When course
STUDENT SIGNATURE		DATE
INSTRUCTOR SIGNATURE		DATE
III. Approvals:		
DEAN		DATE
ASSOCIATE VICE CHANCELLOR - ACADEMIC	AFFAIRS	DATE
UNIVERSITY REGISTRAR		DATE