HUTCHINS SCHOOL OF LIBERAL STUDIES
Sonoma State University

REQUEST FOR INCOMPLETE

Name:	**Phone:**
Address:	

I request an Incomplete mark be temporarily assigned for my enrollment in :

Libs : _____

Course #	**Title**	**Units**	**Sem/Year**

Justification:

Student's Signature: _____ **Date:** _____

An Incomplete must normally be made up within a period of time designated by the instructor, not to exceed one calendar year immediately following the end of the term during which it was assigned.

INSTRUCTOR'S STATEMENT:

Request: Approved q **Denied** q

You must complete the following additional class work:

This work must be completed by _____ **or it will be charged as F/NC**

Instructor's Signature: _____ **Date:** _____