



Form "1"
FACULTY OF ARTS AND SCIENCES
Request for Make up of Incomplete Work

To: Office of the Dean

From: _____
 (Course Instructor)

Student's Full Name: _____ Student's ID number: _____

Student's Box number: _____ Class/Major: _____

The above student has my permission to delay the completion of the work required in
 (Department) _____ (Course Number) _____

Which the student registered for during: Fall Spring Summer

of the academic year _____

Time and date of missed final exam _____ Course Grade Reported on SIS _____

Reason(s) for the incomplete work is/are as follows: *

Approval of your Office is hereby requested to allow the student to complete the missed part of the course within four weeks after the beginning of next regular semester.

Thank you.

Date: _____

 Name and Signature of Instructor

* Give a brief assessment of the student's performance in the course and attach available documents.
N.B. Deadline for submission of this form is two weeks after final exam. Late requests must be justified.

(The space below is reserved for response by the Office of the Dean)

 To: _____ Date: _____

From: Office of the Dean

The above request is: Approved Declined

 Authorized Signature
 A/ Chairman, Administrative Committee

cc: Office of the Dean
 Chairman or Director of Academic Unit
 Student