



Office of the Registrar • 1310 Club Drive • Vallejo, CA 94592 • phone: 707-638-5984 • fax: 707-638-5267 • email: [tucaregistrar@tu.edu](mailto:tucaregistrar@tu.edu) • website: <http://tu.edu>

**Student Information**

Academic Program:

- DO  MSMHS-COM  Pharmacy  MSMHS-COP  Education  Joint MSPAS/MPH  Public Health  Nursing

Name \_\_\_\_\_ Class of \_\_\_\_\_ Student ID# \_\_\_\_\_  
(required)

**COURSE INFORMATION**

SEMESTER:  SUMMER  FALL  SPRING      YEAR \_\_\_\_\_

Course Number \_\_\_\_\_ Course Name \_\_\_\_\_

**REASON FOR INCOMPLETE GRADE:**

\_\_\_\_\_  
\_\_\_\_\_

**WORK TO BE COMPLETED BEFORE REMOVAL OF INCOMPLETE:**

\_\_\_\_\_  
\_\_\_\_\_

**DUE DATE FOR COMPLETION OF WORK:** \_\_\_\_\_

I acknowledge that I must complete the required coursework to clear my incomplete grade by the deadline indicated above. I further acknowledge that any incomplete grade that is still outstanding after one year will automatically be converted by the Office of the Registrar to a failing grade.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALL INCOMPLETE GRADE REQUESTS MUST BE APPROVED BY THE DEAN/PROGRAM DIRECTOR  
PRIOR TO SUBMISSION TO THE OFFICE OF THE REGISTRAR.**

Name of Instructor (please print) \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Dean/Program Director (please print) \_\_\_\_\_

Dean/Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Date Received: \_\_\_\_\_ INC Entered by:  Instructor  Registrar's Office      Date verified/processed: \_\_\_\_\_