Office of Registration & Records

Confluence - Room 114 Campus Box 201 P.O. Box 173363 Denver, CO 80217 Fax: 303-556-2431

Fax: 303-556-2431 Phone: 303-556-2420 Email: ccd.orr@ccd.edu



INCOMPLETE GRADE "I" GRADE CONFIRMATION/COURSE REQUIREMENTS/GRADE FINALIZATION

Student Name (print):			
S#:		Phone#:	
Email:			@student.cccs.edu
Note: Your official CCD	email account is the on	ıly email CCD will acc	ept for correspondence
Instructor: Please co	omplete the following	to confirm that you	a have assigned an
Term (Check one): Spring 20	Summer 20		
	ber/Section):		
	wer the following questic ne student's work, your o		•
NOTE: A minimucumulative grade grade. 2. What is the stude work?	e of the course has been um of 75% of the course of "C" or better for the ent's grade expressed as% Grade udent's last date of atter	e must have been con student to be eligible a percentage and le	mpleted with a e for an "incomplete" tter grade for this
Include appropri	 ctivities the student is re- ate attachments such as ents. Also include the co tage of course):	tests, graded activiti	•

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Course work should be completed before the end of the next consecutive fall or spring

semester, or an earlier deadline if spe Required completion date or term:	cified by the instructor. Default Grade:
	nt has completed the coursework, please fill out a ne Office of the Registration & Records. Extensions new Incomplete Grade form.
Students who have applied for a degree degrees/certificates are awarded retrothe student must reapply for the degree Incomplete grades which are not convenience under the student semester (not including subsequent semester (not including subsequent grade has been assigned the higher grade via a Grade Change the automatic conversion to the default	pactively. When the permanent grade is assigned
☐ I am aware of the requirements to ☐ I am aware that I do not need to recoursework listed above.	complete the course successfully. e-register for this course in order to complete the
	to notify you of your requirements to complete equirements listed will be considered in effect and directly within 10 business days.
Student Name:Student Signature:	
Instructor Name: Instructor Signature:	Date:
Department Chair Name: Department Chair Signature:	Date:
	Date:

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Internal use only:	
Received by:	Date:
Processed by:	Date: