Incomplete Reporting Form

HANNIBAL-LAGRANGE UNIVERSITY
2800 Palmyra Road Hannibal, MO 63401
800.HLG.1119 fax: 573.221.4293
www.hlg.edu

On ____/____/____ I, _____
DATE STUDENT'S NAME

Student ID# _____ formally apply for a grade of "INC." (Incomplete) in the

course of _____ from Hannibal-LaGrange University.
EXAMPLE: MTH 143 - COLLEGE ALGEBRA

I will complete the assigned work by ____/____/____.
DATE

I understand that I will receive the grade of "F" if I have not completed the work by that date.

Student Signature:

_____ Date _____/_____/_____

Instructor's Signature:

_____ Date _____/_____/_____