

Incomplete Reporting Form



Hannibal-LaGrange University

Office of Registrar

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Phone: 573-629-3046 fax: 573-221-4293

Email: registrar@hlg.edu

www.hlg.edu/academics/registrar.php

On ____/____/____ I, _____
Student's Name

Student ID # _____ formally apply for a grade of "IN" (incomplete) in

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

I will complete the assigned work by ____/____/____ (may not exceed 6 weeks).
Date

Student Signature:

_____ Date ____/____/____

Instructor's Signature:

_____ Date ____/____/____