



## REMOVAL OF INCOMPLETE GRADE FORM

OFFICE OF RECORDS AND REGISTRATION  
302-857-6375 (p) 302-857-6379 (f)

SEMESTER:  FALL  SPRING  SUMMER I  SUMMER II 20 \_\_\_\_

STUDENT NAME	STUDENT I.D #	CRN	GRADE						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> <td style="width: 25%; border: none;">_____</td> </tr> <tr> <td style="border: none;"><b>Signature of Instructor (Required)</b></td> <td style="border: none;"><b>Print Name</b></td> <td style="border: none;"><b>Date</b></td> </tr> </table>				_____	_____	_____	<b>Signature of Instructor (Required)</b>	<b>Print Name</b>	<b>Date</b>
_____	_____	_____							
<b>Signature of Instructor (Required)</b>	<b>Print Name</b>	<b>Date</b>							

(Incomplete Grades Must Be Removed By the End of the First Six (6) Weeks of the Next Semester)