Incomplete (IN) Grade Request

Regulation 4(b)

Please print NEATLY. Please ensure that ALL sections of the form are completed.

- The Instructor shall submit an ’IN’ (Incomplete) grade request only if a student in unable to complete the course requirements (e.g. has not written the final exam or submitted required coursework) due to incapacitating illness or other extenuating circumstances.* Please contact the Applied Science Faculty Office at 613-533-2055 to confirm student’s circumstances if necessary.
  * **Extenuating circumstances** are those which are beyond the student’s control.
- The request for an ’IN’ grade must be submitted on this **completed** form.
- Pending approval of the ’IN’ grade, a default numerical mark is required on this form, and on the ‘Mark Sheet’. The default mark is the mark the student has currently earned based on all graded material to date.
  * The ‘Mark Sheet’ shall indicate the default mark in the ‘Final’ mark column along with an ’IN’ in the ‘Mark Condition’ column. This format for the ’IN’ request is required for both paper and electronic mark sheets.
  * The default mark will be the mark of record pending approval of the ’IN’ request, and in the even the ’IN’ request is denied.
- If the ’IN’ request is approved, then the default mark will be converted to an ‘IN’ in the student’s record until a mark change is submitted to the Faculty Office. If a mark change is not submitted on or before the completion, then the ‘IN’ will revert back to the default mark.
- An ‘IN’ grade and the unit weight for the course are not included in sessional and cumulative averages.

### Personal Information

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Given Name:</th>
<th>Student Number:</th>
</tr>
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<table>
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<tr>
<th>Program and Option:</th>
<th>Year of Study:</th>
<th>Queen’s Email Address:</th>
</tr>
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Personal information collected on this form is collected under the authority of the Royal Charter of 1841, as amended. The information collected on this form may be retained in the student’s file, will be used to process this request, and will be shared with Queen’s personnel who need the information to perform their duties. If you have any questions about the information collected or how it will be used, please contact the Freedom of Information and Protection of Privacy Coordinator, Faculty of Engineering and Applied Science, Beamish-Munro Hall, Rm 300, or phone 613-533-2055.

### Regulation 4 (b)

If a student is unable to write the final examination or to submit required coursework because of incapacitating illness or other extenuating circumstances, a mark of “IN” (Incomplete) will be recorded for the course on the recommendation of the course instructor and the Department Head, and approval by the Operations Committee. The submission of a mark of “IN” must be accompanied by documents supporting the request and by a proposed date of completion which shall be as early as possible. In such cases, the course for which a mark of “IN” has been entered will be excluded when calculating sessional and cumulative averages of the student concerned. An “IN” on a transcript does not preclude the application of Regulations 2g and 10. If the student does not complete the course by the date set by the Operations Committee, the mark in the course will be changed to a mark reflecting zero grades on the missing components of the course.

### To be completed by the Course Instructor:

<table>
<thead>
<tr>
<th>Course Number:</th>
<th>Proposed Date of Completion:</th>
<th>Default Mark:</th>
</tr>
</thead>
</table>

Do you support this request? [ ] Yes [ ] No

Will Student be writing exam during September Supplemental Exam Period? [ ] Yes [ ] No

Signature of Course Instructor: ________________________________ Date: __________

### To be completed by the Undergraduate Chair:

**Additional Documentation:** Supporting documentation on file in the Faculty Office? [ ] Yes [ ] No

If no, then supporting documentation MUST be attached to this request.

Do you support this request? [ ] Yes [ ] No

Signature of Undergraduate Chair: ________________________________ Date: __________

PLEASE CONTINUE TO PAGE TWO
<table>
<thead>
<tr>
<th>Approved</th>
<th></th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denied</td>
<td>Completion Date:</td>
<td></td>
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APC Chair Signature: Date: