



Teacher Education University
 Office of the Registrar
 1079 W. Morse Blvd., Suite B
 Winter Park, FL 32789
 1-800-523-1578
 Fax: 1-800-370-2600
 www.teu.edu

TEACHER EDUCATION UNIVERSITY INCOMPLETE GRADE FORM

Student Name: _____

Student ID #: _____

Course Number & Title: _____

Instructor: _____

Semester: _____

Detailed Description of the work to be completed: _____

Date "Incomplete" grade must be completed: _____

Reason for 'Incomplete' grade: _____

I, the student, understand that I must complete the above requirements before the conclusion of the subsequent semester. If I fail to complete the requirements in the timeline stated, a letter grade based on completed assignments for the course will be issued in place of the "Incomplete" grade.

 Student Signature

 Date

 Instructor Signature

 Date

Note: Electronic Signatures are considered legally binding.

Do Not Write Below this Line

 Registrar Signature

 Date

Send photocopy of this form to:

- Instructor
- Student's Faculty Advisor
- Student