

## **Komar University of Science and Technology** زانكۆى كۆمار بۆ زانست و تەكنەلۆجيا

Office of Student Affairs & Registration

نوسینگهی کاروباری فیرخواز و

Ethics—Knowledge—Skills

## **Incomplete Grade Form**

An "I" is given to a course with the following conditions:

- Student has earned a passing grade in Pre-final Grade, e.g. 45.5 out of 70.
- Student has extreme conditions which prevent him/her from completing the final assignment, such as the death of a first-degree family member, medical report, or prison.

Students must request "I" by filling out this form. Students must fulfill the final assignment by the end of the first half of the next semester. Failing to achieve that leads to a "Zero" in the final assignment and the course grade will be the same as the pre-final grade.

The student has the right to have "I" in all courses starting when a difficult condition occurs. Students can't register for a course if the pre-requisite course has a grade of "I".

| I,   | , Studen                               | ıt Code             | phone         |
|--|--|---------------------|---------------|
| number,  | Department:                            |                     | request to    |
| receive an "I" grade in                            | (                                      | ) course v          | vith prefinal |
| grade of (/  | .)in ()semeste                         | r.                  |               |
| As a result of my decis                            | ion, I am responsible for working a    | nd changing the gra | de to a final |
| grade letter before the                            | end of the first half of the next seme | ester               |               |
| Student Signature:                                 |  | . Date              |               |
| To be filled by the Cha                            | irperson:                              |                     |               |
| Remaining task to get t<br>Expected date to finish | 8                                      |                     |               |
| Chairperson Name and                               | Signature:                             | Date                |               |
| To be filled by the OSA                            | AR:                                    |                     |               |
| Documents justifying t                             | he request are complete and attache    | ed. Yes () No       | o ()          |
| OSAR Signature:                                    | Date                                   | <u>,</u>            |               |