



UNIVERSITY of GUYANA

INCOMPLETE GRADE RECORD

Lecturer: _____

Student: _____

Faculty: _____

USI: _____

Course Code: _____

Semester: _____ Academic Year: _____

Course Title: _____

1. Reason for Incomplete: _____

2. Describe the work which was not completed:

3. List grades and other assignments and their weighting: _____

4. When the work described in No. 2 has been completed how will the course grade be calculated?

5. Date which No. 2 must be completed: _____

Note: If the work is not completed by date indicated at No. 5 the course grade will be changed from "I" to the grade that would have been attained before the application for the "I" grade.

Student's Signature

Date: _____

Lecturer's Signature

Date: _____

Head's Signature

Date: _____

- Copy to:
- Exams Division;
 - Faculty Office
 - Head of Department
 - Assistant Dean
 - Lecturer(s)
 - Student