ADMISSIONS & RECORDS OFFICE

570 Golden Eagle Ave., Quincy, CA 95971
(530) 283-0202 – Fax (530) 283-9961

Request for Incomplete Grade

Date _____ FRC ID# OR SS #: _____-_____-_____

_____

Student's Last Name First Initial

Semester Course Taken: Fall ❑ Spring ❑ Summer ❑ 20_____

Course Number and Title _____ Section #_____

Grade assigned if Incomplete is not made up: _____

Student must complete the following to make up the Incomplete (a student is not permitted nor may the student be required to re-enroll in the course to make up the Incomplete):

_____

_____

_____

_____

Instructor's Name _____
(Please Print)

Instructor's Signature _____

Student's Signature _____

RECORDS OFFICE USE ONLY

Processed by _____ Date _____

3/18/08