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Office: Academic Complex, Room 142  
Phone: 601-974-1120  
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**Reason for INCOMPLETE Grade**

I have awarded a grade of Incomplete for \_\_\_\_\_

First name

Last name

in Course \_\_\_\_\_ in the \_\_\_\_\_ semester/year

Department Course # Section

for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order for the incomplete to be removed the student must:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that per college policy, the incomplete grade must be removed by the last day of the following semester. I understand that the incomplete grade will be calculated in the GPA as an F and that if the I grade is not changed by the end of the following semester, it will automatically change to an F grade. If the faculty member requests an earlier date for this action to occur, write the date here: \_\_\_\_\_.

\_\_\_\_\_

Date

Professor Signature

*This form must be turned in to the Office of Records by the faculty via in person, or scanned and emailed to the Office of Records via the faculty member's Millsaps email address.*

**FOR RECORDS OFFICE USE ONLY:**

\_\_\_\_\_ INITIAL OF PERSON WHO INPUT "I" GRADE

\_\_\_\_\_ DATE OF WHEN "I" WAS INPUT

\_\_\_\_\_ DATE WHEN "I" GRADE WILL AUTOMATICALLY CHANGE TO "F" IF NOT CHANGED BEFORE