



DIRECTIONS

Please refer to the academic catalog for the rules and guidelines on incomplete grades (I). This form serves as an official contract between the student, instructor, and university. Faculty are encouraged to keep a copy of this from for their records

Return the completed form to the Registrar's Office (AS 201).

STUDENT INFORMATION

First Name _____ Middle name _____ Last Name _____

ID Number A000 _____ AUN E-mail _____@aun.edu.ng

Mobile Numbers i. _____ ii. _____

Catalog Year _____ Class Year FR/SO/JR/SR Credits Completed _____ Credits In Progress _____

Major (include concentration) _____ Minor _____

Incomplete Details

Course Subject and Number _____ Semester course was taken _____

Deadline(must be within 6 weeks of the next semester) _____

Brief description of reason(s) for incomplete (attach supporting documentation): _____

Description of Work to be completed: _____

If the course work is not completed by the first 6 weeks of next semester a grade of **'F'** will be issued.

Student Signature _____ Date _____

AUTHORIZATION

Instructor Signature _____ Date _____

Program Coordinator Signature _____ Date _____

FOR OFFICIAL USE ONLY

Received by Registrar's Office Name _____ Date _____