

Incomplete Grade Request and Resolution Plan

(Submit a separate form for each course)



Professional Master's
Degree Programs
SCHOOL OF PHARMACY
UNIVERSITY OF WISCONSIN-MADISON

Part A – to be completed by student

Complete and submit to instructor for approval.

Student Name:

Campus ID:

Academic Program:

Term and Year of Incomplete Request:

Course Name:

Course Subject and Number (i.e. PHM SCI 750):

Instructor(s):

Reason for Request:

Work to be completed

Individually list all outstanding assignments and realistic completion date(s). Attach additional pages if necessary.

Note: Instructor may submit grade without further notice if agreed-upon completion date(s) is not met. Grades of "Incomplete" must be resolved by the end of the following semester.

Assignment description	Completion date

Student signature:

Date:

Part B – to be completed by instructor

Indicate your approval or denial of the Incomplete Grade Request and Resolution Plan and provide your signature below. Forward a copy to the student and to prograd@pharmacy.wisc.edu.

The request and resolution plan are: Approved Denied

Instructor comments:

Instructor signature:

Date:

Advisor signature:

Date: