



VANDERBILT  
UNIVERSITY

# RECONCILING AN INCOMPLETE GRADE

**This form certifies expected requirements for reconciliation of an Incomplete grade for research credit. The form requires original signatures of the student, instructor and DGS. The form may be sent securely or delivered to the Graduate School in 117 Alumni Hall.**

Student name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Course: \_\_\_\_\_

Number of hours: \_\_\_\_\_

Instructor: \_\_\_\_\_

Reason for Incomplete grade: \_\_\_\_\_

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

Steps needed to rectify the Incomplete grade: \_\_\_\_\_

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

Date by which to remove the Incomplete: \_\_\_\_\_

\_\_\_\_\_, **Student** \_\_\_\_\_  
Student Name: Please Type Signature Date

\_\_\_\_\_, **Instructor** \_\_\_\_\_  
Instructor Name: Please Type Signature Date

\_\_\_\_\_, **DGS** \_\_\_\_\_  
DGS Name: Please Type Signature Date