EVERGREEN VALLEY COLLEGE

San Jose/Evergreen Community College District
Office of Admissions and Records

CONDITIONS FOR REMOVAL OF SYMBOL OF INCOMPLETE

Note: The student may not clear the Incomplete by re-enrolling in the course.

Name of Student: EVC Student ID#:

_____

_____ Semester/Year:

Department Number Reg. I.D./Section Course Title

for the term ending 20 The Incomplete (I)

Units Month Day Year

may be removed within (1) calendar year at the convenience of the undersigned instructor or appropriate area dean by meeting the following specific conditions. *

_____

_____

_____

_____

Conditions necessitating Incomplete Symbol:

_____

_____

_____

If the Incomplete (I) is not made up within one (1) calendar year, the Incomplete (I) will convert to: (Check One) ◯ A ◯ B ◯ C ◯ D ◯ F ◯ P* or ◯ NP*

*P or NP may be used only for mandatory P/NP classes

I have consulted with the student prior to assigning this incomplete grade.

_____ _____ _____ _____

Student's Signature Date Instructor's Signature Date