

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 6weeks of next semester \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

AUTHORIZATION

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICIAL USE ONLY

Received by Registrar's Office Name \_\_\_\_\_ Date \_\_\_\_\_