



جامعة بيروت العربية
BEIRUT ARAB UNIVERSITY

Request for Incomplete Grade*

Student's Full Name: ID#:

Faculty: Major:

Course:

Title

Number

Semester/Year

Instructor's Name:

Reason(s) for requesting an incomplete grade:

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.....
.....
.....

Student's Signature: Date:

* At least 75% of the course work must be completed before a request for an incomplete grade can be considered.

Request : Granted Denied

Instructor's Signature: Date:

Note to the instructor: After completing this form, please forward it to the Dean's office. If you deny this request, please notify the student immediately.