

TEXAS A&M UNIVERSITY-COMMERCE

REMOVAL OF INCOMPLETE GRADE (X/I)

Student _____

CWID _____

Course Prefix _____ Number _____ Section _____ S.H. Credit _____

Course Title _____

Instructor _____

Semester/Term & Year Course was Taken:

Fall _____ Spring _____

Summer I _____ Summer II _____

Date Coursework was completed: _____

NOTE: ATTACH A COPY OF "THE PLAN FOR COMPLETING THE GRADE OF X" THAT WAS FILED, WHEN THE X GRADE WAS RECORDED.

Course Grade: Change X/I to _____

Instructor: _____ Date: _____

Department Head: _____ Date: _____

Dean: _____ Date: _____

Date Received in Registrar's Office: _____