GOODWIN COLLEGE
INCOMPLETE FORM

Date: ____________________

Student’s Name: ___________________________ ID No. ___________________________

Instructor’s Name: ___________________________

Course Name: ___________________________ Course Code _______________________

Due Date (2 weeks after end of semester) ____________________________

~ If the work is not completed before or on the due date, the student will receive an F for the course.

Student’s Signature: ____________________________

Instructor’s Signature: ____________________________