



UNIVERSITY OF NORTH CAROLINA WILMINGTON

REPORT OF CONVERSION OF INCOMPLETE

Student Name: _____ Student ID# _____
Last First Middle

Course: _____ Term(s): Spring Summer I Summer II Fall _____
Department Course No. Section No. Year(s)

Course Instructor Name: _____ Course Instructor E-mail: _____@uncw.edu

- 1. Request change from 'I' to _____
- 2. Has this change been discussed with the student? Yes No

Instructor: _____ Date: _____
Department Chair : _____ Date: _____

<p><u>Office of the Registrar</u></p> <p>I certify that the above grade change has been recorded on the student's record. I also certify that I have verified the instructor's intent to convert the "I" grade (on-line submit only).</p> <p>Registrar: _____ Date: _____</p>
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Please send the original form to the Registrar's Office.
An additional copy should be retained by the Instructor.

REG 36B (01/09)

OFFICE OF THE REGISTRAR