



# COLLÈGE CENTENNIAL CENTENNIAL COLLEGE

## **Incomplete Grade (IN) Form**

Last updated May 25, 2023

As per the IPESA, Section 2.23,

“In very rare and serious cases, such as severe accident, prolonged illness, or a death in the immediate family, the Dean of Students may apply an incomplete, IN, for one or more of a student’s courses. In these cases, no credits are attached to the course(s). This procedure can only be applied after the drop deadline as determined by the Ministry (Article 29 of the College Education Regulations, General and Vocational Colleges Act (RREC)).

In all cases, professional documentation is required and becomes part of the student’s permanent file. The course will appear on the final transcript with an “IN” as the final outcome.

If a student is requesting an incomplete for courses in a semester, this request must be submitted in writing along with the appropriate documentation, no later than the last day of classes of each semester. Exceptions to this deadline are only made under extenuating circumstances, which are determined by the Dean of Students. The College also reserves the right to refuse a request if the student completed the final summative assessment for a respective course prior to submitting the incomplete request.”

**Date of Request:** \_\_\_\_\_

**Student name & Student ID:** \_\_\_\_\_

**Reason for Request (please attach the completed Medical Report Form):**

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Semester	Course Code	Course Title	Teacher Name	Teacher Signature

Student Signature: \_\_\_\_\_

Dean of Students Authorization and Signature: \_\_\_\_\_

Registrar Signature: \_\_\_\_\_

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*Space reserved for Registrar*

- Student record updated and copy included in Student File with the Registrar*
- Copy of completed form to Student*



# COLLÈGE CENTENNIAL CENTENNIAL COLLEGE

## Medical Report Form for Incomplete Grade (IN)

**Patient's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Patient is unable to attend school:**

- For the remainder of the semester**
- Partially**

Please provide a start and end date of the incapacity. In the event of an on-going illness, the documentation must provide a date the condition worsened and a date that the condition will be re-evaluated.

Start Date: \_\_\_\_\_

Re-evaluation Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Please explain how this diagnosis prevents the student from completing their course work (e.g., reduces student's capacity to manage, complete, and follow through appropriately with deadlines):

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\_\_\_\_\_  
**Doctor's Name & License Number\***

**Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Doctor's Signature**

**Telephone:** \_\_\_\_\_

\*Or other professional, empowered by the Professional Code of Quebec, who determines such a diagnosis