

# COLUMBIA COLLEGE

## Non-Grade / Incomplete Request Form

<b>NOTE:</b> <b>Must; Shall; Will:</b> <b>Should:</b> <b>May or Could; Can:</b>	<b>Clarification of Terms</b> These words or phrases indicate actions or activities that are <i>essential</i> or <i>mandatory</i> . This word implies that it is highly desirable to perform certain actions or activities, but not essential or mandatory. These words imply freedom or liberty to follow an alternative to the action or activity being presented in a document.
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Columbia College, Registrar's Office  
 802 Manning Road N.E., Calgary, AB T2E7N8  
 Toll Free in Canada / US: 1-888-235-9370  
 Other: 1-403-235-9300, Fax: 1-403-272-3805

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**Student ID Number (if applicable)**

For Office Use Only:

**Reference Number**

Review the Change of Grade / Grade Appeal policy at [www.columbia.ab.ca](http://www.columbia.ab.ca) for instructions on form use.

<b>About you</b>				
Student Name:	Last	First	Middle	Phone (Day):
Former Name:	Last	First	Middle	Phone (Evening):
Mailing Address:				City / Town:
Province / State:		Postal / Zip Code:		E-mail:
Name of Program currently registered in at Columbia College:				
<b>About your Request</b>				
Request is for one of the following:				
1	Requesting course(s) you wish to receive a mark of "Incomplete" and the reason why.			
	Columbia Course Code	Facilitator Name	Semester Dates	Reason for Request
2	Requesting Facilitator Approval for Request for a mark of "Incomplete"			
	Columbia Course Code	Facilitator Name	Approval (Y / N)	Requirements to Clear Incomplete Mark (Attach a Separate Sheet if Necessary)
The personal information on this form has been collected for the sole purpose of processing your request. The information is collected in accordance with the Columbia College privacy policy, as well as Alberta Personal Privacy legislation. If you have any questions about the collection or use of this information please contact the Corporate Privacy Officer. This form must be signed before we can process your request.				
Student Signature:			Signature date:	
<b>For Registrar's Office Use Only</b>				
Received By:			Date Received:	
Office of the Registrar Signature:			O. of R. Signature Date:	
Processed By:			Processed Date:	