



San Diego Community College District
Assignment of Incomplete ("I")
Instructor: Please Print

☐ City ☐ Mesa ☐ Miramar ☐ ECC ☐ Fall ☐ Spring ☐ Summer Year: _____

Student Name: _____ Student ID Number: _____
(PRINT) Last First MI

COURSE INFORMATION		
Subject: _____ (Department)	Course Reference No.: _____ (CRN)	Course No.: _____
Title of Course: _____		Units: _____

INSTRUCTOR CERTIFICATION - Student is assigned an "I" (Incomplete) grade for the course indicated above.

IMPORTANT - In accordance with Title 5, Section § 55023(e), an "I" symbol (Incomplete) may be assigned for incomplete academic work for unforeseeable, emergency and justifiable reasons at the end of the term.

1. List below the conditions for removal of the "I" grade (student may not repeat the course to remove incomplete grade):

2. A copy and/or description of the conditions for removal noted above must be provided to the Dean in a sealed envelope in the event of an emergency.

3. The conditions above must be completed by: _____ **NOT TO EXCEED ONE YEAR***
(mm/dd/yy)

***NOTE: An "I" grade must be made up no later than one (1) year following the end of the semester in which it was assigned.**

4. Last date of the semester in which the class met: _____
(mm/dd/yy)

5. Indicate grade to be assigned if the Incomplete ("I") is **NOT** made up by the date specified above:

NOTE: "W" and "IP" grades may not be assigned.

➔

Enter Grade

Instructor's Name: _____
(Please PRINT)

Instructor's Signature: _____ Date: _____

Submit completed form to the Dean.

OFFICIAL USE ONLY	
Dean's Name: _____	
Dean's Signature: _____	Date: _____

ASSIGNMENT OF INCOMPLETE ("I") PROCESS

Step 1:

1. Instructor gives the completed "Assignment of Incomplete" form to the Dean, along with a sealed envelope enclosing the work to be completed and the class syllabus. The Dean files the sealed envelope pending completion

Note: Envelope is not to be opened except in unforeseeable conditions

2. Dean reviews the "Assignment of Incomplete" form for compliance with Title 5
3. Dean retains a copy of the "Assignment of Incomplete" form, and sends original to the Admissions & Records office
4. Admissions & Records sends a copy to the student, and sends the original to District Records office
5. District Records office will process the form and retain the original

Step 2: (upon completion of the required assignments)

1. Student completes the assignment
2. Instructor grades the assignment and assigns final grade on "Grade Assignment/Change" form
3. Instructor submits the form to the Admissions & Records office
4. Admissions & Records sends the form to the District Records office for processing, and notifies the Dean that the process is complete

Step 3: (in the event of unforeseen circumstances, and the Instructor is no longer able to work with the student on incomplete assignment)

1. Student will be referred to the Dean
2. Dean will work with the Department Chair to allow student to fulfill requirements
3. The Department Chair or other designated faculty will grade the assignment and assign the final grade on the "Grade Assignment/Change" form and submit it to Admissions & Records
4. Admissions & Records sends the form to the District Records office for processing



San Diego Community College District
Application for Credit by Examination

☐ City ☐ Mesa ☐ Miramar

All previous college transcripts must be officially on file prior to applying for Credit by Examination

STUDENT TO COMPLETE

Name: _____ Student ID Number: _____
(PRINT) Last First Middle

E-mail: _____ Telephone: _____

Address: _____
Street City State Zip

List previous colleges attended: _____

I wish to apply for Credit by Exam in: (Course Title) _____

(Course Number) _____ Units: _____

Check One: ☐ Units only (P/NP) ☐ Units and letter grade (to be counted in GPA)

My request is based on previous experience, as follows: _____

Student Signature: _____ Date: _____

A processing fee, equal to the current enrollment fee, will be assessed

EVALUATIONS USE ONLY

1. Verify Eligibility: ☐ Eligible ☐ Ineligible

Reason/Comments: _____

Evaluator Signature: _____ Date: _____

2. ☐ Fees Paid: _____ Date: _____
College Evaluations Signature

3. Forward application to Department Chair/Dean for assignment of instructor Date: _____

DEPARTMENT CHAIR/DEAN USE ONLY

1. Assigned Instructor: _____ Telephone: _____
Please PRINT

Department Chair/Dean Signature: _____ Date: _____

2. Forward original application to assigned instructor

INSTRUCTOR USE ONLY

1. Notify student of the date of the examination
2. Administer the examination and record the results on this application

Date Administered: _____ Grade Earned: _____

3. Return completed application to the College Evaluations Office within 5 days of date of examination, regardless of grade earned.

DISTRICT RECORDS OFFICE

Grade recorded on: _____ By: _____

CREDIT BY EXAMINATION ELIGIBILITY CRITERIA

- 1) The course is on the approved credit by exam list at the college
- 2) The student is currently registered and in good standing at the college
- 3) All student holds must be cleared prior to verification of eligibility
- 4) Official transcripts from all prior colleges are on file
- 5) The student is not currently enrolled in the course
- 6) Student has not received a symbol on their academic record for an equivalent course
- 7) Student has not previously audited the course at another institution
- 8) Student has met the prerequisite for the course
- 9) Student may not attempt Credit by Examination for the same course more than one time
- 10) A student may take a maximum of 12 units as Credit by Examination within the San Diego Community College District
- 11) Units granted will not be used to satisfy the graduation in residence requirement
- 12) Units granted will not be used in the student's current study load



San Diego Community College District
Application for Credit by Examination
for Course Not on Approved List

- ☐ City
☐ Mesa
☐ Miramar

Student completes this form and takes it to Department Chair

Name: _____ Student ID Number: _____
(PRINT) Last First Middle

Address: _____
Street City State Zip

Telephone: _____ E-mail: _____

I wish to apply for Credit by Exam in: (Course Title) _____
(Course Number) _____ Units: _____

Check one: ☐ Units only (P/NP) ☐ Units and letter grade (to be counted in GPA)

My request is based on previous experience, as follows: _____

Student Signature: _____ Date: _____

FOR DEPARTMENT CHAIR USE ONLY

☐ Approved ☐ Denied _____ Date: _____
Department Chair Signature

Department Chair returns application to campus Evaluations Office

Distribution: Department Chair; Campus Evaluations

SS- APCRDTNOTAPPVD 06/2017

**CREDIT BY EXAMINATION FOR COURSE NOT ON
APPROVED LIST ELIGIBILITY CRITERIA**

1. The student must be currently registered and in good standing at the college that allows the course by examination
2. Official transcripts from all prior colleges are on file
3. If the student is currently enrolled in the course, not more than 20% of the class meeting hours have elapsed
4. The student has not previously audited the course
5. The student has not received a symbol on their academic record for an equivalent course
6. The credit granted will not be used to satisfy the graduation in residence requirement
7. The credit granted will not be counted in the student's current study load
8. A processing fee, equal to the current enrollment fee, will be assessed



San Diego Community College District
Accelerated English / Math
Skill Level Assignment

- ☐ City
☐ Mesa
☐ Miramar

Name: _____ Date: _____
(PRINT) Last First Middle

Student ID Number: _____ Birth Date: _____ Telephone: _____

Course: _____ CRN: _____ Term: _____

Assigned Skill Level: R50 ☐ W50 ☐ M30 ☐ M50 ☐

(Upon successful completion of accelerated curriculum)

Faculty Explanation: _____

Faculty Name: _____
(PRINT) Last First MI

Faculty Signature: _____ Date: _____

Distribution: Admissions; District Student Service

SS-ACENGMATH 06/2017

INSTRUCTIONS

Timely processing of this form is important to ensure skill levels are posted during the registration period.

Faculty

- 1) Complete the form with student information and assigned skill level **only** for those students who successfully completed the accelerated coursework.
- 2) Route this form directly to the Admissions Office.

Admissions Staff

- 3) Enter the approved change on the AC screen (approved skill level upgrade) and FAX form to the District Student Services Office at: (619) 388-6970.
- The District Office staff will make the appropriate change on the student's record.



San Diego Community College District

Administrative Drop

- ☐ City
☐ Mesa
☐ Miramar

Student Name: _____ Student ID Number: _____
(PRINT) Last First MI

Course Reference Number (CRN)	Course Number	Subject Area	Units	Reason for Drop

Instructor: The above student is not eligible to receive a grade for this/these classes.

Vice President, Student Services: _____
Signature Date

Distribution: Instructor(s) and Admissions

SS-ADMDRP 06/2017



San Diego Community College District
Active Military Duty Certification
For Spouses and Dependents

☐ City ☐ Mesa ☐ Miramar ☐ ECC

In accordance with the California Education Code § 68074, the Commanding Officer or Personnel Officer of the serviceman's command is requested to furnish the following specified information from the serviceman's official military personnel record and to personally sign and affix the command seal thereto.
The serviceperson is requested to make no entries on his/her own certification form.

Serviceperson's Home of Record: _____

This is to certify that: _____

Has been stationed at **present** duty station: _____

City: _____ State: _____ since: Month _____ Day _____ Year _____ and is

Expected to be at the above duty station until: Month _____ Day _____ Year _____

The Serviceperson's active duty assignment immediately **previous** to the above was:

Duty Station: _____ City: _____ Date: _____

The most recent date of enlistment or re-enlistment was: _____

Enlistment Expires: Month _____ Day _____ Year _____

Serviceperson's Spouse or Dependent Statement

Name: _____ is the spouse/dependent of the serviceperson name above.

Spouse/Dependent Social Security #: _____

Spouse/Dependent: _____
Signature Date

I, the undersigned, do hereby certify the above to be true and accurate and was copied by me from the official military personnel records of the serviceperson.

Signed this date: Month _____ Day _____ Year _____

Commanding Officer or Personnel Officer: _____
Signature

Name: _____ Rank: _____
(PRINT)

Telephone: _____





San Diego Community College District
Application for Independent Study

☐ City ☐ Mesa ☐ Miramar ☐ ECC ☐ Fall ☐ Spring ☐ Summer Year: _____

Student Name: _____ Student ID Number: _____
Last First MI

Course Information

Subject: _____ Course Reference No.: _____ Course No.: _____
(Department) (CRN)

Title of Course: _____ Units: _____

Name of Instructor: _____
(PRINT)

Student agrees to work _____ hours on this project, but no less than a minimum of 48 hours per unit.

Project goals: _____

Describe project methodology and activities: _____

Describe how project is to be evaluated: _____

Indicate the frequency of and arrangements for consultation with the instructor: _____

Specify any college facilities to be used: _____

I accept this plan for independent study and certify that I have provided proper evidence showing the completion of the required prerequisites for the specified course.

Student Signature: _____ Date: _____

OFFICIAL USE ONLY

☐ Approved ☐ Denied

Instructor's Signature Date

Department Chair's Signature Date

Academic Dean's Signature Date

Vice President of Instruction's Signature Date

Distribution: Original sent to campus Admissions & Records Office at the time grades are submitted
Signed copy will be mailed to student upon approval
Signed copy to be retained by instructor for instructor's files

SS_APPINPDNTSDY 06/2017