

**COMMUNITY AND PUBLIC SERVICE PROGRAM
INCOMPLETE REQUEST FORM**

STUDENT'S LAST NAME

FIRST NAME

Check both course number and semester that you are requesting the incomplete:

<input type="checkbox"/> <i>RSSW 290</i> <i>(100 hrs. for 3 credits)</i>	<input type="checkbox"/> <i>RSSW 291</i> <i>(60 hrs. for 2 credits)</i>	<input type="checkbox"/> <i>RSSW 390</i> <i>(100 hrs. for 3 credits)</i>
<input type="checkbox"/> <i>FOR FALL 200__</i>	<input type="checkbox"/> <i>FOR SPRING 200__</i>	<input type="checkbox"/> <i>FOR SUMMER 200__</i>

PERMANENT ADDRESS:

Street or PO Box _____

City/ State/Zip Code _____

Phone Number (H) _____ (C) _____

E-Mail _____

Full Name of Agency: _____

Number of Hours Completed: _____ As of (date): _____

Will you be completing the hours at current agency or new agency? Yes No

Name of New Supervisor _____ Supervisor's Email _____

Plan for completing hours: _____

Estimated date hours will be complete: _____

Student Signature

Date

Supervisor Signature*

Date

* By signing you are indicating that it is okay for the student to complete the hours according to her/his plan.

CPSP Staff Signature

Date