

Off-Campus Programs

## Statement of Requirements for Removal of MSA 685/699 Incomplete

Directions to instructor: Please complete one form per student and submit to your program center along with the final class list.

Student Name: \_\_\_\_\_  
*Last* *First* *Middle*

CMU I.D. #: \_\_\_\_\_ EP #: \_\_\_\_\_ Term: \_\_\_\_\_

Center/Cohort: \_\_\_\_\_

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### MSA 685/699 Requirements Completed by Student

*(Check only those that apply)*

Yes

No

MSA 685/699 Proposal (Approved)

RRA or IRB Approval to Collect Data Granted

Date set by instructor for removal of "I": \_\_\_\_\_

Instructor's Comments *(specify remaining requirements in detail)*:

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_