



**INSTRUCTIONS FOR COMPLETING BYLAW 4-4-1 EXCEPTION 3 & BYLAW 4-4-5 EXCEPTION 2 – 2025-26
(INCOMPLETES)**

If this is applicable to the student in question, please complete this form and return it to the OHSAA office via email attachment, Attn: Attn: Mr. Ronald Sayers (rsayers@ohsaa.org) after the student has made up the necessary work and had their complete changed to a passing letter grade. The student shall be held accountable to the scholarship requirement until a ruling is provided by the OHSAA.

- 4080 Roselea Place • Columbus, OH 43214 • (614) 267-2502 • Fax: (614) 267-1677 • www.ohsaa.org



OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

Doug Ute, Executive Director

8. I verify this "Incomplete" was given in accordance with Board of Education/other governing board adopted policies and procedures and is applicable to all students in the school. *(Please attach copy of policy-See Q7B)*
- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YES | NO | N/A |
9. I verify that the previously scheduled work and/or exams were completed within the time period provided in Board policy for completing work required to convert an "Incomplete" into a letter grade.
- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YES | NO | N/A |
10. I verify that "Incomplete" was not given to afford the student extended time in order to provide the student tutoring or other educational services simply to avoid a failing grade.
- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YES | NO | N/A |
11. I verify that the student was originally issued an Incomplete and was not originally given a letter grade that was subsequently changed to an Incomplete to allow for extended time/additional work to avoid a failing grade.
- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YES | NO | N/A |

SCHOOL ADMINISTRATOR ACKNOWLEDGEMENT

I hereby acknowledge that the responses on the above are accurate and correct, to the best of my knowledge.

Print Name-School Principal

Signature

Date

FOR OHSAA OFFICE USE ONLY:

☐ APPROVED

☐ DENIED

Reviewed By: _____

Date of Decision: _____

If denied, reason for denial: _____

