



OHIO HIGH SCHOOL ATHLETIC ASSOCIATION

Doug Ute, Executive Director

INSTRUCTIONS FOR COMPLETING BYLAW 4-4-1 EXCEPTION 3 & BYLAW 4-4-5 EXCEPTION 2 – 2022-23 (INCOMPLETES)

Exception 3 to Bylaw 4-4-1 and Exception 2 to Bylaw 4-4-5 allows for the Executive Director’s Office to restore eligibility for a student who received an Incomplete once the work has been made up and the “incomplete” has been changed to a passing letter grade **but ONLY** if the Incomplete was given due to calamity day(s), family tragedy, or illness or accident as verified by a physician.

If this is applicable to the student in question, please complete this form and return it to the OHSAA office via email attachment, Attn: Ms. Kristin Ronai (kronai@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.

1. Name of Student: _____ Gender: _____

2. 2022-2023 Grade Level of Student: _____

3. Grading Period Student Failed to Meet Scholarship Requirement (Select One):

_____ 1st _____ 2nd _____ 3rd _____ 4th

4. Class(es) In Which Student Received an Incomplete During the Grading Period in Question (List all that apply):

5. Reason Student Received an Incomplete (Select One):

_____ Illness/Accident* _____ Calamity Day(s) _____ Family Tragedy _____ Other

**Must be verified by a physician contemporaneous at the time of the incident*

6. Provide a written narrative outlining the details of the reason selected in Q5 (Use additional sheets of paper as necessary):

7. Attach a copy of the following documentation:

- A. A copy of any documentation to support the narrative described in Q6. **Note that documentation for an illness/accident is required and must be verified by a physician contemporaneous at the time of the incident.**
- B. A copy of the Board of Education/other governing board policy addressing Incompletes
- C. A copy of the student’s initial grade card reflecting his/her Incompletes
- D. A copy of the student’s updated grade card showing the Incompletes changed to passing grades
- E. The student’s attendance records for the grading period in question



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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)*

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.

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.

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.

YES NO N/A

SCHOOL ADMINISTRATOR ACKNOWLEDGEMENT		
<i>I hereby acknowledge that the responses on the above are accurate and correct, to the best of my knowledge.</i>		
_____	_____	_____
Print Name-School Principal	Signature	Date

FOR OHSAA OFFICE USE ONLY:		
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reviewed By: _____
		Date of Decision: _____
If denied, reason for denial: _____		

