Incomplete Grade Contract

Student Information:

Student Name ___________________________ Student ID Number ___________________________

Course Information:

Term/Year  □ Summer 20____ □ Fall 20____ □ Spring 20____

CRN (Course Ref #) ______________ Course Prefix/Number (e.g. ENGL 1101) ______________

Is student doing satisfactory work at time Incomplete is requested? ___________________________

Reason for Incomplete ________________________________________________________________

___________________________________________________________________________________

Provide summary of plan to complete course work. Include deadlines if possible. __________________

___________________________________________________________________________________

___________________________________________________________________________________

Date Incomplete to be resolved ___________________________

Signatures:

Student ___________________________ Date ________________

Instructor ___________________________ Date ________________

Dean ___________________________ Date ________________

VP for Academic and Student Affairs ___________________________ Date ________________

Registrar’s Office ___________________________ Date ________________

The “I” symbol is approved for use in the case indicated but will not be included in the determination of the grade point average.

“l” – The student is doing satisfactory work but for nonacademic reasons beyond his/her control was unable to complete the full requirements of the course. The “l” must be removed by the end of the next term of enrollment or the Registrar will change the “l” to “F”. Without regard to enrollment, the “l” must be removed within one year or it will be changed to “F”.