Contract for Incomplete Grade (I)

COURSE number/section ________  CRN# ________  Semester/year ________

Student name_________________________  ID#________  E-mail________

Instructor name_________________________  E-mail_________________________

Is the student receiving passing grades in the course? Yes____  No____

Students may NOT receive an Incomplete unless receiving passing grades.

Has the student presented adequate reasons/documentation for the inability to complete all assignments on time? Yes____  No____

What work must the student do to complete the course? Identify specifically the type of work product (e.g., paper, exam) and the number of assignments.

How will the semester grade be computed? Identify all elements in the final grade and attach any necessary materials so that the grade can be computed in your absence.

All work to be completed by _____ (May not exceed one calendar year)

Instructor Signature_________________________  Date____

If part-time instructor Chair Signature_________________________

Student Signature_________________________  Date____