



INCOMPLETE GRADE ASSIGNMENT CONTRACT

Office of the University Registrar

(To be submitted with each grade of "I" assigned no later than semester grade deadline)

Part I: TO BE COMPLETED BY STUDENT:

I hereby request that an Incomplete ("I") grade be assigned to me in the course listed below. I understand that if the work identified below is NOT completed by the completion deadline (*completion deadline may NOT exceed twelve (12) months from the date the "I" was recorded*), the "I" will be converted to a grade of "F" through an administrative action by the University Registrar.

Student's ID & Name

Banner ID _____ Last Name _____ First Name _____ MI _____

Semester/Year

Fall 20 _____ Spring 20 _____ Sum. I / III / Maymester 20 _____ Summer II 20 _____

Course

| CRN (5-digit) | Crse Prefix (Ex: ENGL) | Crse No. (Ex: 1301) | Crse Sec (Ex: 101) | Title | Professor/Instructor |
|---------------|------------------------|---------------------|--------------------|-------|----------------------|
| | | | | | |

Part II: TO BE COMPLETED BY PROFESSOR/INSTRUCTOR:

The student named above must complete the following requirements on or before the deadline stated below to remove the grade of Incomplete ("I") that has been assigned for this course. (*Deadline may NOT exceed twelve (12) months from the date the "I" was recorded.*)

| Requirement(s) | Completion Deadline |
|----------------|---------------------|
| | |

Requirement(s) to be completed and/or additional comments:

X _____
Student's Signature Date

Note: Do NOT submit form until ALL signatures have been received.

X _____
Instructor's Signature Date

X _____
Dept. Chair's Signature Date

X _____
Dean's Signature Date

| | | | |
|--|-------------|-------------------------|-------------|
| <i>For Registrar's Office Use Only</i> | | | |
| Grade Changed By: _____ | Date: _____ | Grade Audited By: _____ | Date: _____ |