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
<table>
<thead>
<tr>
<th>CRN (5-digit)</th>
<th>Crse Prefix (Ex: ENGL)</th>
<th>Crse No. (Ex: 1301)</th>
<th>Crse Sec (Ex: 101)</th>
<th>Title</th>
<th>Professor/Instructor</th>
</tr>
</thead>
</table>

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.)

<table>
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<tr>
<th>Requirement(s) Completion Deadline</th>
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Requirement(s) to be completed and/or additional comments:

__________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________

X Student’s Signature ___________________________ Date __

X Instructor’s Signature ___________________________ Date __

X Dept. Chair’s Signature ___________________________ Date __

X Dean’s Signature ___________________________ Date __

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

For Registrar’s Office Use Only
Grade Changed By: ___________________________ Date: __________
Grade Audited By: ___________________________ Date: __________