



### CONTRACT FOR AN INCOMPLETE GRADE

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Student's Name

Student ID Number

SEMESTER/YEAR:      Fall 20\_\_\_\_      Winter 20\_\_\_\_      Spring 20\_\_\_\_      Summer 20\_\_\_\_

Full Course Number \_\_\_\_\_ Title \_\_\_\_\_

Reason for Incomplete: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Plan for Removal of Incomplete (specification of work to be completed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date by which work must be completed: \_\_\_\_\_

NOTE TO INSTRUCTOR: Instructor is responsible for submitting a change of grade form for the above course by the deadline date noted but not later than:

February 15 for Fall and Winter incompletes  
June 30 for Spring incompletes  
October 15 for Summer incompletes

Grades of 'IN' if not replaced by the appropriate deadline will become grades of "F"

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's Signature

INSTRUCTOR DISTRIBUTES COPIES AS FOLLOWS:

- Student,
- Instructor
- Department Chairperson

To be completed by the Instructor