# Contract for Completion of Incomplete ("I") Grade

_____ _____
Student Name ID #

_____ _____ _____ _____
Course Prefix and number CRN Course Title Credits

_____ _____
Instructor Term taken

_____ _____
Date of Contract Date course work to be completed by
or default grade becomes earned grade

**Remaining work to be completed (PLEASE ATTACH SYLLABUS & highlight items noted below):**

| **Work** | **pt. value/total possible** | **or** | **% value of total pts.** |
|---|---|---|---|
| _____ | _____ | | _____ |
| _____ | _____ | | _____ |
| _____ | _____ | | _____ |
| _____ | _____ | | _____ |
| _____ | _____ | | _____ |
| _____ | _____ | | _____ |

**Other Comments and/or Resources Needed from Instructor by Specified Date:**

**<u>Student's default grade</u> (if remaining work to be completed is NOT turned in, the grade the student would earn):** _____

We understand that unless the student completes the above listed course work by the completion date stated, the grade for this class will revert from an "I" to the Student's default grade noted above. It is the responsibility of the student to see that work is completed and submitted by the agreed upon date.

_____ _____
Student Date

_____ _____
Instructor Date

**FACULTY, PLEASE PROVIDE A COPY OF THIS AGREEMENT TO:**
**Department Head**
**Student's Academic Advising Office**
**Student**
**Faculty member of record**