

“INCOMPLETE” Grade Assignment Contract

Student Name: _____

Class Name: _____

Professor's Name: _____

Reason for the request of an incomplete grade:

A summary of the work to be completed:

Professor's Approval: _____

Incompletes, which are incurred during the first semester or interim, must be completed by March 15 of the second semester. Incompletes, which are incurred during the second semester or summer, must be completed by October 15 of the following first semester.

I, _____, agree to complete the work needed by the date indicated above. I understand that if the incomplete is not completed by this date, I will receive a grade of F in the class. If I have any concerns or questions, I understand that it is my responsibility to initiate contact with the professor.

Signature of Student: _____ Date: _____