

Agreement for the Completion of Work Outstanding

Last Name: _____ **First Name:** _____

Student ID #: _____ **Term:** FL SP SM **Year:** _____

Course Title and #: _____ **Section #:** _____

Instructor: _____

This form is to be completed whenever a student and a faculty member agree that a grade of Incomplete is warranted because required course work cannot be completed due to illness or other circumstances beyond the control of the student. The Incomplete [I] grade is a provisional grade, which is calculated as equivalent to an F in grade point average calculations until a permanent grade is posted. If the required work is not completed within the time frame stated in the academic calendar, the grade of I is automatically changed to an F grade. Grades of Incomplete should only be assigned when the faculty member and the student have consulted and agreed upon the work, which must be completed as well as the time frame for completion.

Reason for Incomplete Grade (Required):

Work Remaining to be Completed for Letter Grade:

Expected Date of Final Letter Grade
 Filled in by instructor

Date of Automatic "I" to "F" by Registrar's Office

Student's Signature

Date

Instructor's Signature

Date

Distribution:
 Registrar
 Learning and Advising Center
 Instructor
 Student