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Incomplete Request Form

This form is to be used in compliance with the Incomplete Policy found in the Catalog and Student Handbook. A student whose work is incomplete at the end of the semester in which they are registered for the class is responsible to complete this contract with their professor. The student MUST initiate this contract and have it returned to the Office of the Registrar no later than the last day of the semester for approval. Electronic signatures are acceptable.

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| **THIS SECTION TO BE FILLED OUT BY THE STUDENT** | | | | |
| **Student Name:** | | | **Phone:** | |
| **Semester:** | **Year:** | **Course:** | | |
| **Reason for incomplete:** *(check one)*  Extended Illness  Major family emergency  Administratively approved exigencies  Other; Please explain: | | | | |
| ***I agree that if the work listed below is not met by the deadline given the professor can change the grade from an “I” to the agreed upon letter grade.*** | | | | |
| **Student’s Signature:** | | | | **Date:** |

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| **THIS SECTION TO BE FILLED OUT BY THE PROFESSOR** | |
| **Work remaining to be completed: ­­­­­­­­** | |
| **Incompletes are given 4 weeks from the last day of the semester to complete work. Additional time must be approved by the Academic Office. Date by which it must be completed:** | |
| **Grade to be recorded if work is *not* completed:**  (This grade must be entered by the professor, at the same time this contract is signed by the professor) | |
| **Professor’s Signature:** | **Date:** |

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| **THIS SECTION TO BE FILLED OUT BY THE REGISTRAR** | |
| **The final grade for this course is based on:**  **Instructor submitted grade (see attached grade form)**  **No final work submitted** | |
| **Registrar’s Signature:** | **Date:** |