



Incomplete Grade Agreement

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|----------------------------------|------------------|----------|--------------|---|
| Student's Last Name | First | MI | Student ID # | Date |
| | | | | |
| Instructor's Name (please print) | Program of study | Course # | Item # | Enrolled quarter |
| | | | | F _____ ‡ _____ SP _____ SU ____ Yr: |

This form must be initiated and signed by the student. The Incomplete grade is intended to provide a buffer for students who have extenuating circumstances ("circumstances beyond their control" i.e., illness, death in the family, act of God) preventing the completion of coursework; the student must have completed 80% or more of the coursework, and have attended 80% or more of the quarter. The time allowed for an incomplete is at the discretion of the instructor and should not exceed one quarter beyond the time the course was to have been originally completed.

All course work requested must be completed in the time allowed or student will receive the "Grade Without Completion" listed below.

Conditions of Completion

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|--------------------------------|--------------------------|----------------------------|
| Last Allowable Completion Date | Grade Without Completion | Maximum Grade w/Completion |
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| Requirements of Completion | | |
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I agree to the above conditions and understand that if I do not complete the requirements as outlined, the grade listed as "Grade Without Completion" will become my final grade.

Student Signature _____ Date _____

Instructor Signature _____ Date _____

Dean Signature _____ Date _____