



Incomplete Grade Contract

Student name _____ ID# _____ Date _____

Process to receive an "Incomplete" grade:

1. Review the [incomplete grade policy](#) in the catalog to determine eligibility for an incomplete.
2. Student completes the rationale portion of this form, in conversation with the professor.
3. Professor enters a completion plan, due date, and the grade to be given if student does not complete this contract by the due date, then signs the form, signifying approval.
4. Student takes completed, signed contract to the Academic Dean's office in AD 14 by last class day of the current term.
5. Academic Dean reviews the petition and, if approved, submits to the Registrar by last class day of the current term.
6. Registrar's office scans and emails copies of the approved contract to student and professor.

A. Course information

Course ID _____ Course Title _____

Professor _____ Year _____ Term _____

Has the student completed a minimum of 75% of the course? Y N

Does the student have a passing grade in the class? Y N

If the answer to either question is "no," the student is not eligible for an incomplete.

B. Rationale for an "Incomplete" grade *(completed by student)*

Describe the illness, accident, or other unusual hardship beyond the student's control which justifies receipt of an "Incomplete" grade for this course.

Please provide confirmation from the ASC or Student Life that the student has received on- or off-campus support for mental or physical health issues that impacted the student. If not, please direct the student to those resources and report the student circumstances to the [Early Alert system](#) or the [Care Team referral form](#).

C. Completion plan *(completed by professor)*

List of assignments to be completed and provide due dates.

Assignment	Due Date	Notes or instructions

Final due date _____ *(at discretion of professor)*

Last date to report new grade: Fall semester "Incomplete" *End of following Spring semester*
 Spring semester/May term "Incomplete" *Beginning of following Fall semester*
 Summer term "Incomplete" *End of following Fall semester*

Grade to be entered at due date if contract is not completed _____

D. Signatures of approval

_____	date_____	_____	date_____
(student)		(professor)	
_____	date_____	_____	date_____
(academic dean)		(registrar)	

Registrar processing date_____