



COURSE COMPLETION AGREEMENT FORM FOR INCOMPLETE GRADE

Student Last Name First Student Number Date

Course Number Course Title/ Course Director Term /Year

Incomplete grades are not awarded for poor academic performance or as a way of extending assignment deadlines. To be used in cases where extenuating circumstances beyond the student's control prevented the student from completing a small portion (generally considered to be less than 20% of coursework) of the course and that a final grade cannot yet be assigned.

Reason for incomplete grade: _____

Grade on work completed to date: _____

Work needed for course completion

Date work is to be completed

Signature of Course Director

Date

Signature of Student

Date

Return form to the Office of Student Services for final approval.

Date received by OSS: _____ (Initials)

To be completed by student:

I have read, understand and had my questions answered regarding procedures for incomplete grades found in the Scholastic Advancement and Appeals Policy.

I agree to abide by the above terms relating to missing work for the course in which I have and incomplete grade.

I understand that if the missing course work is not completed per this agreement the incomplete grade will be changed to an “F” grade on my transcript and all policies regarding grades of “F” in the curriculum apply.

I understand that to return to school after an incomplete grade I must contact the Office of Student Services at least 30 calendar days prior to the first day of class for the semester in which I return.

I have received a copy of this agreement.

Student signature

Associate Dean of Student & Professional Affairs signature

Date

Date

To be completed by OSS:

Date work completed:

Initials

Final grade for course:

Initials

Date change of grade form submitted:

Initials

For office use only:

Copy provided to student

Copy in student file