FACULTY/STUDENT INCOMPLETE GRADE AGREEMENT

TO BE COMPLETED PRIOR TO THE SUBMISSION OF FINAL GRADES

STUDENT NAME: ___________________________ XID # ___________________________

FACULTY NAME: ___________________________ EMAIL: __________ PHONE: _________

COURSE TITLE ___________________________ COURSE # _______ CRN # ________

SEMESTER/YEAR ORIGINALLY ENROLLED: ______________________________________

Explanation of student’s accident, illness, or other reason for requesting Incomplete Grade:
____________________________________________________________________________
____________________________________________________________________________

Explanation of faculty and student responsibilities & completion timeline:

Student Required Assignments:
(Student must complete & submit the following to the instructor in order to receive a Final Grade)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Faculty Responsibilities:
(Faculty will be available at the above listed phone/email to answer questions and/or make arrangements with the student to submit the required completed assignments)
Comments: _________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Assignments To be completed by: Date _____________ Time ____________

Student signature: ___________________________________________ Date: _____________
(I understand what is expected and agree to submit the completed items as described by the above deadline date.)

Faculty signature: ___________________________________________ Date: _____________
(If the student’s work appropriately completes the requirements of the course, I agree to grade the course work and submit the grade no later than the end of the next semester.)

Dept. Chair signature: ___________________________ Date: ______________________

Dean signature: ___________________________ Date: ______________________
(I approve of the responsibilities listed above for the faculty and student and the awarding of an “I” grade.)