

**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.)