College of Health and Public Affairs

Incomplete Grade (I) Agreement

The white copy of this completed form must be submitted with the final semester grade sheet for each "I" grade given.

Student's Name: _____ PID: _____

Course Prefix: SOW Course No.: _____ Section: _____

Hours: _____ Semester: _____ Year: _____

UNIVERSITY POLICY

Failure to complete the work in the required time will result in the grade of "I" being changed to "F" by the registrar. Work must be completed by graduation or no more than 12 months from the end of this term, which ever occurs first.

Work to be completed: _____

_____

_____

_____

_____

_____

Work must be completed by: _____
Month Day Year

*** If unable to obtain student's signature, attach email from student or return receipt for copy mailed to student to demonstrate student's notification of the conditions of this agreement**.

_____
*Student's Signature Date

_____
Instructor's Signature Date

_____
Instructor's Name