



**CONTRACT FOR INCOMPLETE GRADE FORM**  
**(Return with Final Grade Report)**

**To be completed by the Student:**

Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Term: \_\_\_\_\_ Fall                      \_\_\_\_\_ Spring                      \_\_\_\_\_ Summer                      20\_\_\_\_\_

Dept. & Course No.	Title	Credits
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**Reason for Incomplete:**

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**Note to Student:** A \$25.00 fee will be assessed for each Incomplete grade which is not changed to a letter grade within the ordinary time frame of one month.

**To be completed by the Instructor:**

Indicate the work which must be completed for the removal of the Incomplete Grade

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Date by which the work must be completed: \_\_\_\_\_

**Note to the Instructor:** The instructor is responsible for submitting a Change of Incomplete Grade Form to the Registrar's Office for the above course within one month after the close of the semester.

**Signatures:**

Signature of the Student	Date
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Signature of the Instructor	Date
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**Distribution:** Copies of this form are distributed **by the Instructor.**  
Copy 1 - submitted with **Final Grade** to Office of the Registrar  
Copy 2 - given to the student  
Copy 3 - retained by the instructor