



### Incomplete Grade Agreement *(please print)*

#### **PART A: STUDENT**

*(to be completed by the student)*

Name \_\_\_\_\_ I.D.# \_\_\_\_\_ SMB \_\_\_\_\_

Department and Course Number \_\_\_\_\_

Course Title \_\_\_\_\_

Credit Hours \_\_\_\_\_ Professor \_\_\_\_\_

Term:  Fall  Spring  Summer  Winter Year \_\_\_\_\_

Is this a repeat course?  Yes  No

Reason for request:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

#### **PART B: PROFESSOR**

*(to be completed by the student)*

**Note: Students are eligible for an Incomplete Grade only if they have already completed 75% of the coursework.**

Work to be completed:

Date by which work must be completed: \_\_\_\_\_  
*(maximum one year from end of term)*

Grade to be assigned if remaining work is not completed by the expiration date \_\_\_\_\_  
*(The professor may assign some other grade prior to the expiration date.)*

**Note: A Permanent Incomplete may only be given with the permission of the Executive Committee.**

Comments:

\_\_\_\_\_  
Professor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair's/Program Director's Signature

\_\_\_\_\_  
Date