



**Office of Graduate Studies
Incomplete (“I”) Grade Justification**

This form is to serve as a contract between the instructor and student for the completion of a course for which the student requests an Incomplete. At the conclusion of this contract, defined by “Date for Tasks and/or Deliverables To Be Completed”, the instructor will submit a grade change for the student. This form must be on file at the Graduate Office when the incomplete grade is submitted by the Instructor.

Student Name: _____ **Banner ID#:** _____
Print legibly

Class: _____ **Semester:** _____
(e.g. ST 589) (e.g. Summer 2008)

Reason for the Incomplete (e.g. sickness, technical difficulties)

Tasks and/or Deliverables That Need To Be Completed (e.g. presentation of project, submission of final exam)

Date for Tasks and/or Deliverables To Be Completed: _____

Instructor Signature:

Student Signature:

The student and instructor should each keep a copy of the signed contract for their records. The original form must be sent to the Graduate Office.