

North Central State College

INCOMPLETE GRADE AGREEMENT

Student Name _____

Student I.D. No. _____

Course & Section No. _____

Semester and Year _____

Instructor _____ Date _____

Reason for the incomplete:

Make-up work must be to instructor by _____

(The deadline for a faculty member to record a grade change at the Student Records Office for a student is the end of the seventh week of the following semester)

The above-named student and I have talked and have made the following arrangements to make up and grade material missed: *Make sure that the student knows what is to be made up and the deadline date for make-up work.*

(Attach assignment and timeline for completion.)

Student signature: _____ Date: _____

Instructor signature: _____ Date: _____

Dean/Assistant signature: _____ Date: _____

Last day for faculty to change "I" to passing grade _____

NOTE: Please do not assign an incomplete grade unless:

1. sufficient cause exists, and
2. the student has indicated his/her desire to receive an incomplete.

Copy to: Student
Instructor
Dean/Assistant Dean