

INCOMPLETE CONTRACT FORM

For use by faculty in the College of Liberal Arts, the College of Science and Mathematics, the College of Management, and the College of Nursing and Health Sciences

Student's Name: _____ SS#: _____

Dept. / Number: _____ Semester and Year: _____

Instructor: _____

1. Date of conference _____ (If for some reason a conference has not been possible, please explain why.)

2. Please list a description of the work to be made up, a plan and a timetable. Include the date that has been agreed upon for completion.

3. Please provide instructions for your department to follow, including details on the student's progress in the course up to the date of the conference, in case you are not in residence at the time of completion.

NOTE: If an INC is not made up by the end of the grading period two semesters later, it becomes an IF. This will only be changed under extraordinary circumstances.

It is the RESPONSIBILITY OF THE STUDENT to ascertain that the instructor is satisfied that the work has been completed.

Signature of Instructor

Date

Signature of Student

Date

Distribution: White (Student), Yellow (Instructor), Pink (Department)