

INCOMPLETE GRADE CONTRACT FORM

For timely posting of grades, please submit prior to finals week.

Student's Name: _____ ID#: _____

Course Dept./Number: _____ Semester & Year: _____

Course Title: _____ Instructor: _____

Student's Last Date of Attendance: _____ Date of INC Request: _____

The student must complete the following work for consideration of submission of a grade within one year of the date of this request:

Date work to be complete and in possession of instructor: _____

Please provide instructions for your department to follow, 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 (Incomplete F grade). 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 the Student	Date
--------------------------	------

Signature of the Instructor	Date
-----------------------------	------

Signature of Department Chair	Date
-------------------------------	------

Please return this form to the Office of the Registrar (CC-4100) for processing, and provide copies to the student, instructor and department in which the course is being offered. (Electronic attachments using UMass Boston email communication is allowed.)

FOR OFFICE USE: Approved by: _____ Denied by: _____

Date: _____ Student notified: _____

(form updated 10/30/18, KLR, UGS and MMM, GS)