Incomplete Grade Contract

An Incomplete is an approved extension of time to complete the requirements of the course(s). Incompletes are only issued by the college (Student Academic Affairs Office) and will be considered only after the student has contacted the instructor(s). Please submit one contract per course. The completed form should be submitted to the Student Academic Affairs Office, 142 Education, 1310 South 6th Street.

This section to be completed by undergraduate student:

Student Name ________________________________________________   UIN _________________________

Email Address ________________________________________________

Current program:       Early Childhood       Elementary       Learning & Education Studies       Middle Grades       Special Education
(circle one)

I am requesting an Incomplete for the following course:

CRN ________________  Course Subject & Number____________________________ Section ___________

Semester ________________ Year ________________

Provide a general description of the work to be completed and a plan for completion.

____________________________________________________________________________________________

__________________________________________________________________________________________________

______________________________________________________________________________________________________________

I acknowledge that I have read and agree to the above dates, terms and conditions. I understand the requirements for completing the coursework and that if I fail to meet the requirements (for academic deadlines, refer to http://www.registrar.illinois.edu/registration/deadlines.html), I will receive an “F by rule.” For more information, refer to http://admin.illinois.edu/policy/code/article3_part1_3-104.html.

Student Signature_________________________________________Date __________________________

This section to be completed by the Instructor:

The student has my approval for the request above.   Instructor Name (printed)__________________________________

Instructor Signature_________________________________________ Date_________________ _____________________

Coursework to be completed by (if intended date is prior to campus deadline): ________________________

Comments_________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________

This section to be completed by SAAO:

Assistant Dean for Academic Affairs Signature _____________________________________________ Date __________________________