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, 110 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](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](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 __________________________