

Extended Incomplete Agreement Form

Submit this form to extend an incomplete grade on a student’s record beyond 4 weeks after the end of the term.

Student Name [please print] _____ Student ID# _____
Last First MI

Program _____ Class Year _____ Email _____

Course _____
Course Number Course Title

Term/block/session _____ Year _____ Instructor name [please print] _____

Terms of Incomplete Agreement:

Specific agreements and special conditions:

Final date for completing requirements _____
Month Day Year

Work to be submitted to _____

When the student completes the course requirements, the instructor will file a Record of Grade Change Form. If the work is not completed by the specified completion date, the grade will become an “F” unless otherwise noted in the specific agreements and special conditions section above.

Student signature _____ Date _____

Instructor signature _____ Date _____

Chair signature _____ Date _____

Once all parties have signed the agreement, submit form to Enrollment Services enrollmentservices@atsu.edu or fax to 888.676.6701.