

Extended Incomplete Grade Agreement

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

Student Name _____ Student ID# _____

Program _____ Class Year _____ Email _____

Course _____
Course Number _____ Course Title _____

Term/block/session _____ Year _____

Instructor name _____

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