

Semester/Year _____

Sul Ross State University Grade of Incomplete Agreement

Name of student: _____ A#: _____ Email: _____

Address: _____ Phone #: _____

Instructor: _____ Course CRN: _____

Course Subject, Number, and Title: _____

The following work must be completed by: _____

No more than one year may be allowed to complete required work

_____ Completion of project (please specify): _____

_____ Completion of exams (please specify): _____

_____ Other (please specify): _____

The grade of "I" is assigned for the following situation(s) which prevented the student from completing the course requirements in a semester or summer term:

_____ Illness (specify): _____

_____ Family emergency (specify): _____

_____ Unusual circumstances (specify): _____

After the work has been completed, the instructor must submit a "Change of Grade" form with the new grade to the student's Department Chair and Academic Dean who will then send the form to the Registrar. If the instructor is no longer with the University, the Department Chair may act for the instructor. Failure to complete the specified work by the specified date will result in the conversion of the "I" to an "F".

We agree to abide by this agreement. We understand that failure to complete coursework by the specified deadline will result in a grade of "F".

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Chair Signature: _____ Date: _____

*When all signatures are present, a copy of the form should be given to the student and another sent to the department/school. **Send the original to the Office of Records and Registration.***