

# Student-Faculty Agreement for Incomplete Grade

THIS FORM IS TO BE USED FOR UNDERGRADUATE  
AND GRADUATE STUDENTS.

**Student:** Please print out and sign this agreement form and obtain a signature confirming the agreement of your instructor. Keep a photocopy as your record. **Instructor:** Please retain the original signed form until you need it to convey to your Chair a Notification of Conversion to Final Grade.

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Oasis ID # \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Department \_\_\_\_\_ Instructor \_\_\_\_\_ Term/Year \_\_\_\_\_

Course Name \_\_\_\_\_ Course# \_\_\_\_\_

*I acknowledge that I have failed to complete the necessary minimum work required for this course and am applying for a temporary grade of Incomplete (I). In order to replace this temporary designation with an earned letter grade, I agree to complete the following assignment(s) outlined below **no later than the due date of:** \_\_\_\_\_*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

– ENTR IES BELOW THIS LINE ARE TO BE COMPLETED BY HAND –

Agreed by Student \_\_\_\_\_ Date \_\_\_\_\_

Agreed by Instructor \_\_\_\_\_ Date \_\_\_\_\_

*Instructor must be the person identified in the Agreement Form above.*

## Notification of Conversion to Final Grade

**The following is to be prepared by instructor (by hand) and submitted to Chair and Dean's Office.**

Records Office: Please change above student's course grade from Incomplete (I) to \_\_\_\_\_

Reason for Change: \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

*Instructor must be the person identified in the Agreement Form above.*

Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

*If signatures are not clearly legible, please print name. Otherwise form will be returned for new signature.*

RECORD'S OFFICE USE ONLY:  
DATE PROCESSED \_\_\_\_\_