INCOMPLETE AGREEMENT FORM

Course Number ________________________ Semester Enrolled ________________________

Student’s Name___________________________ Instructor’s Name__________________________

Student ID Number_______________________ Date of Agreement__________________________

At the end of a semester, a grade of I (Incomplete) indicates that the instructor has agreed to withhold a final grade pending the completion of a small portion of assigned work. If the student experiences an unanticipated medical or family emergency that prevents the student from completing the final assignments in a course, e.g., the final exam or final paper, the student may request a grade of Incomplete from the instructor prior to the final examination or due date for the final paper. The Incomplete Agreement Form must be completed and a date – normally no more than 60 days after the course ends – must be set for completion of the work.

- For undergraduate students, if the work is not completed within a period of one calendar year the grade of “I” will be changed to “F”.

- For graduate students, if the work is not completed within a period of one calendar year the grade of “I” will remain a permanent grade.

If you do not make a formal, written request for an Incomplete grade using the Incomplete Agreement Form, or if a substantial amount of your work is incomplete, the instructor will evaluate your work based on work completed which may result in a failing grade. Future enrollment will be withheld for University College degree candidates who have accumulated more than 9 units of incomplete work. If the course requirements are not satisfied by the agreed date, the opportunity to finish the incomplete work is forfeited.

The Student will be assigned a grade of I (Incomplete) for the course listed above.

Date to be completed (month/day/year):______________________________

Specific requirements to be completed by the above date:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Student’s Signature ______________________ Instructor’s Signature__________________________

UC Authorization ________________________________________________________________

To the student: Please give a copy of this plan to your instructor, retain a copy for your own records, and submit the third copy to University College Registrar Maria Hunter, University College, Campus Box 1085, One Brookings Drive, St. Louis, MO 63130. Fax (314) 935-6744. 

End of Form 12/10