

Department of Humanities and Cultural Studies

“Incomplete” Grade Contract

NOTE: COPY OF CONTRACT MUST BE FILED WITH DEPARTMENT FOR STUDENT'S FILE

Name of Student _____

Student's University I.D. _____

Name of Professor _____

Semester _____

Course Name and Number _____

Description of work that must be completed for “I” grade to be changed:

Date by which work must be completed to be accepted: _____

Signature of Student _____

Signature of Professor _____

Date _____