CHICAGO STATE UNIVERSITY

Office of the Registrar | Cook Administration 128 | Phone: 773.995.2517 | Fax 773.995.3618 | Email: csu-registrar@csu.edu

INCOMPLETE ('I') GRADE REQUEST AND CONTRACT

To the Student: You may request a grade of '**I**' in a course if extraordinary and unavoidable circumstances have prevented you from completing all of the required course work. By requesting an Incomplete, you agree that you will complete all of the required work by the date shown below under "***Final Date for Completion***." If you do not complete the work by that date, the grade of '**I**' will be replaced by the Default Grade shown below.

CLEAR FORM

YOU MAY REQUEST AN INCOMPLETE ONLY IF:

1. You have completed at least 50% of the graded course work with a passing grade.
2. You have attended class to within three (3) weeks of the end of the semester.

TERM (circle one): FALL ☐ SPRING ☐ SUMMER ☐ YEAR **20** _____ **DATE:** _____

STEP 1: TO BE COMPLETED BY THE STUDENT

Student's full legal name		
Last Name	**First Name**	**Middle Name**

CSU ID number

Discipline	Number	Section
Course Reference Number		**Credit Hours**

Why are you requesting an Incomplete? _____

_____

STEP 2: TO BE COMPLETED BY THE INSTRUCTOR

Instructor's Name		
Last Name:	**First Name:**	**Middle Initial:**

Instructor's Department	Instructor's Extension

Has the student complete at least 50% of the graded course work? ☐ YES ☐ NO

Has the student earned at least a **D** for the work she/he has completed so far? ☐ YES ☐ NO

Has the student attended class to within 3 weeks of the last day of classes? ☐ YES ☐ NO

What work must the student complete? What percentage of the total graded course work does this work represent? (*Be specific).*

_____

_____

_____

Final Date of Complete: _____ **Default Grade** (B, C, D, or F): _____ (will replace the **"I"** unless a Change of Grade form is submitted).

Note: This date cannot be later than the last day of regular classes in the next long semester following the award of Incomplete.

Alternative Evaluator (optional): _____

Note: You may designate someone who can evaluate the student's completed work in the event that you are unable to do so.

SIGNATURES

Student's Signature: _____

Instructor's Signature: _____

Approval of Department Chairperson: _____

STEP 4: TO BE RETURNED TO THE OFFICE OF THE REGISTRAR, ADM 128, BY THE DEPARTMENT ONLY.

Return completed forms to the Office of the Registrar for recording on student's permanent record.

PRINT

Incomplete Contract Form Updated: February 23, 2015