CHICAGO STATE UNIVERSITY

DATE: \_\_\_\_

# 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.

## 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\_\_\_\_\_

## 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 Defense a Number		Cue d'it lie sure
	Course Reference Number		Credit Hours

Why are you requesting an Incomplete?

#### STEP2: TO BE COMPLETED BY THE INSTRUCTOR (Must be completed in its entirety before reviewed and processed by the Registrar.) 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).

SIGNATURES

\_\_\_\_\_

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 dasses 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.

## 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.

Submit completed form online to: Registrar's Office – csu-registrar@csu.edu

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