

Incomplete Grade Agreement – Department of _____
(A copy of this form must be completed for each “I” grade given)

Note: Incomplete” (“I”) grades should be recorded only in exceptional cases when a student, who has completed a substantial portion of the course and who is otherwise passing, is unable to complete a well-defined portion of a course for reasons beyond his or her control.

Student Name: _____ FSUSN: _____ Email: _____

Instructor Name: _____ Phone: _____ Email: _____

Course Prefix and Section: _____ Semester/Year Taken: _____

Work to be Completed by the end of _____(Semester) _____ (Year)

Default grade to be assigned if student does not complete academic work: _____

Specific Work to be Completed: _____

The “I” grade will be changed to the default grade if the work listed above is not satisfactorily completed by the semester indicated by instructor. Incomplete grades cannot be changed once a degree is posted.

By signing below, the student has agreed to complete the work by the time specified, without further prompting from the instructor. If the work is not submitted by the due date, the grade will be changed to the default grade listed above.

Student’s Signature Date _____
(attach email of agreement if student not available)

Instructor’s Signature Date _____

cc: Instructor – Original
Student
Student’s Academic Dean
Department Chair (offering the course)