



CONTRACTUAL AGREEMENT FOR ISSUANCE OF "INCOMPLETE"

Form with fields for LAST NAME, FIRST NAME, MIDDLE NAME, LOLA STUDENT ID #, COURSE TITLE, COURSE NO./SECTION, CRN NO., SEMESTER/YEAR, and INSTRUCTOR.

It is agreed that the following assignment must be completed on or before [] DATE [] SEMESTER in order to remove the "I" received for the above-listed course.

I understand that an "I" will be placed on my transcript until I complete the aforementioned assignment. If I do not complete the assignment by the date listed above, I understand that the "I" will convert to an "F".

ASSIGNMENT: []

It is understood that completing the contracted assignment will not guarantee a passing grade. My grade will be based on the quality of work as well as the completion of the assignment by the date stated.

Student's Signature _____ Date _____ Instructor's Signature _____ Date _____

APPROVED:

Division Dean _____ Date _____

Extension granted until _____ Date _____ Semester _____

Instructor _____ Date _____ Division Dean _____ Date _____

Office of the Registrar's Staff:

Processed by: _____ Date _____