



**Student Section** (Please print in pen and press firmly)

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Level: (circle one): UG GR CAPS Year \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ May Term \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II \_\_\_\_\_

APU Box \_\_\_\_\_ Student ID No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Course Number and Title \_\_\_\_\_

Instructor's Name (please print) \_\_\_\_\_

Reason for not completing this course before the end of the semester: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Instructor and Student Section**

Assignments or Exams needed to complete this course:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Date Completed
_____
_____
_____
_____
_____

Deadline for work to be completed is \_\_\_\_\_. If course work is not completed by this date the grade will be changed to \_\_\_\_\_.  
An Incomplete may be granted for a maximum of **12 weeks** from the end of the semester.

**Contract**

This form is a contract. If the work is not completed by the deadline, the course grade is automatically changed to the grade specified above.  
See the Incomplete Policy in the University Catalog under the Academic Policy Section.

\_\_\_\_\_  
Student signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Instructor signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Department Chair signature \_\_\_\_\_ Date \_\_\_\_\_

**Dean's Section**

\_\_\_\_\_  
Dean's signature \_\_\_\_\_ Date \_\_\_\_\_  Approved  Denied

Comments:

Office Use Only			
Incomplete Grade: Date in RIM _____	By _____	Final Grade Change: Date in RIM _____	By _____
Entered in Log _____	By _____	Entered in Log _____	By _____
Reminder Letter _____		Student Notification _____	
Ext. Date _____			