

Completion of a Grade of Incomplete Agreement
An Academic Agreement

A copy of this form should be filed with the department and the CMCI Dean's Office when the incomplete grade is awarded.

Student and Course Information			
Print Last Name, First Name, MI _____		Student ID _____	
Print Instructor Name: Last, first _____		Course/Section Number _____	
Term in which course was taken	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Grade assigned:	<input type="checkbox"/> D	<input type="checkbox"/> IF	Year 20__ __

Reason for the incomplete. An IF is given only when a student, *for reasons beyond her/his control*, has been unable to complete course requirements within the term. **Explain the reason(s) for the incomplete, in detail, and attach related documentation.**

Course work completed. A substantial amount of the course work must have been **satisfactorily** completed in order for a student to be eligible for an IF grade. An incomplete should not be given to a student who has never attended or who has submitted little or no work in a course. **Describe the amount of course work completed and estimated grade at the time of the incomplete.**

Action to be taken by student to complete the course. At the end of one year incompletes that have not been completed automatically revert to an "F." The instructor can set a shorter deadline for completion of the work but the one year deadline cannot be extended. **Indicate which option the student will take to complete the course:**

Retake the course within one year maximum. The student must reregister. The retake need not be with the same instructor. OR

Complete the following specified work within the agreed upon deadline. The maximum is one year from the end of the term in which the course was first taken

Describe here.

Deadline

Signature Approvals indicating agreement with the above conditions.

Student. I understand and agree to the above conditions.

Student Signature _____ Print Student e-mail _____ @ colorado.edu _____ Date _____

Instructor Signature _____ Date _____ Print Instructor e-mail _____

Print Associate Chair Name: Last, First _____ Associate Chair Signature _____ Date _____