

**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.

<b>Student and Course Information</b>			
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
<b>Grade assigned:</b>	<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.**

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**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.**

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**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.

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**Deadline** \_\_\_\_\_

**Signature Approvals indicating agreement with the above conditions.**

**Student.** I understand and agree to the above conditions.

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Student Signature \_\_\_\_\_ Print Student e-mail \_\_\_\_\_ @ colorado.edu \_\_\_\_\_ Date \_\_\_\_\_

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Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Instructor e-mail \_\_\_\_\_

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Print Associate Chair Name: Last, First \_\_\_\_\_ Associate Chair Signature \_\_\_\_\_ Date \_\_\_\_\_