Contract Regarding the Designation of the Grade as an Incomplete (I)

Template Contract for Receipt of a Grade of “Incomplete”

Student's Name: _______________________________________________________________
Student's ID Number: _________________________________________________________
Course Number/Title: _________________________________________________________
Instructor's Name: ___________________________________________________________
Semester/Year: _____________________________________________________________
Date of Contract: _____________________________________________________________

Both the Instructor and Student will sign below and initial any attachments to indicate that both
understand the following agreement:

- (Instructor's Name) agrees to provide (Student's Name) with a grade of “Incomplete” in (Course
  number and title) for the (Semester and Year).

- (Student's Name) agrees to complete the assignments outlined below and understands that the
  ABSOLUTE due date for the completion of all assignments is (Insert Date); failure to meet this
deadline constitutes the assignment of a grade of “F” for the course.

Assignment Details to be completed by the student:
1. 
2. 
3. 

Parameters Agreed to by Instructor and Student:

- (Instructor's Name) will grade the product/papers by (Insert Date).

- Instructor will assign a letter grade to (Student's Name) for (Course Number and Title) based on the
  score(s) earned by (Insert Date) and will use the grading system outlined in this contract. Currently
  (Student's Name) has earned (number of points or letter grade) toward the final grade.

- (Instructor's Name) will file a change-of-grade form with the UAMS registrar within ONE
  CALENDAR WEEK of the assignment of the letter grade.

- (Instructor's Name) and (Student's Name) will each receive a copy of this contract agreement.

- Contact information for questions, concerns, or information is provided below for both instructor and
  student.

Grading System:

__________________________________________________________________________
Instructor's Signature and Date Student's Signature and Date

__________________________________________________________________________

Contact information: Contact Information:
Instructor's Name Student's Name
Phone 1: 501-526-1234 Phone 1: ______________________
Phone 2: 501-663-1234 Phone 2: ______________________
Email: instructor@uams.edu Email: ______________________

Note: Initial and staple any additional attachments to this contract

Make two copies of the original:
a) Submit original copy to the Registrar; b) Instructor retains a copy; c) Student retains a copy.