

## Incomplete Grade Agreement

Date:

Instructor:

Course:

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| Summary of work to be completed: | Due Date: |
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| Additional Instructions and Suggestions:      |

Final Grade Due to Registrar:

To be completed by the student:

I,      , agree to complete the work needed by the date(s) indicated above. I understand that if the work is not completed by this date, I will receive the grade I earned in the class. If I have any concerns or questions, I understand that it is my responsibility to initiate contact with the professor.

Student Initial or Signature:

\*We encourage both the student and instructor to retain a copy of this document upon completion.