INCOMPLETE GRADE CONTRACT FORM

For timely posting of grades, please submit prior to finals week.

Student’s Name: _______________________________  ID#: _______________________________

Course Dept./Number: ___________________________  Semester & Year: ___________________

Course Title: _________________________________  Instructor: __________________________

Student’s Last Date of Attendance: ______________  Date of INC Request: _______________

The student must complete the following work for consideration of submission of a grade within one year of the date of this request:

Date work to be complete and in possession of instructor: _______________________________

Please provide instructions for your department to follow, in case you are not in residence at the time of completion.

NOTE: If an INC is not made up by the end of the grading period two semesters later, it becomes an IF (Incomplete F grade). This will only be changed under extraordinary circumstances.

It is the RESPONSIBILITY OF THE STUDENT to ascertain that the instructor is satisfied that the work has been completed.

________________________________________________ _________________________
Signature of the Student  Date

________________________________________________ _________________________
Signature of the Instructor  Date

________________________________________________ _________________________
Signature of Department Chair  Date

Please return this form to the Office of the Registrar (CC-4100) for processing, and provide copies to the student, instructor and department in which the course is being offered. (Electronic attachments using UMass Boston email communication is allowed.)

FOR OFFICE USE:  Approved by: ______________________ Denied by: _______________________

Date: ___________________ Student notified: _______________________

(form updated 10/30/18, KLR, UGS and MMM, GS)