

INCOMPLETE FORM

English Undergraduate Studies

Semester: _____ Year: _____

Student: Name: _____ Id#: _____

Major: _____ GradYr: _____

Instructor: Name: _____

Status: _____ Regular Faculty _____ Visiting Faculty _____ Teaching Assistant

Course: Dept/Course#: _____ Schedule No.: _____ Title: _____

1. **Percentage of work completed:** _____ 2. **Grade earned on completed work:** _____

3. **Description of work that remains to be completed:** _____

4. **Description of method by which student will complete unfinished work:** _____

5. **Date by which work is to be completed:** _____

Note: Please attach any student work, student/teacher agreements, comments, and/or teacher evaluations that might aid in the judgment of completed work in your absence or unavailability.

Grades of Incomplete will be counted as F's until resolved and will, if not resolved by the end of the following semester, *automatically be converted to an F.*

Signature of Instructor _____ Date _____