

Incomplete Grade Agreement

INSTRUCTIONS: This agreement must be completed and signed by both the student and course instructor pursuant to **Academic Policy FPU-5.00712AP Incomplete Grade**. The completed agreement must be signed by the student and instructor and filed with the University Registrar prior to the applicable semester deadline for reporting final course grades.

TO BE COMPLETED BY THE STUDENT:

Student UID: _____ Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Phone: _____ Email: _____@FLPOLY.ORG

Semester Enrolled: Fall _____ Spring _____ Sumer _____ Year: _____

Course Title: _____

Course Prefix: _____ Course Code: _____ Course Section: _____ Course Credits: _____

Instructor Name: _____

TO BE COMPLETED BY THE COURSE INSTRUCTOR:

1. Reason for assigning the incomplete grade (exceptional circumstances providing justification):

2. Description of required work to be completed by the student:

3. Based on the completed coursework to date, the student's current grade in the course is_____. This represents ___% of the required coursework.

4. Based on the completed coursework to date, the student's final evaluative grade in the course is _____.

5. Deadline to complete coursework is _____. ****If the student fails to complete these requirements within the established deadline (Not to exceed one year, or graduation, whichever comes first), the final grade will automatically convert to the student's current grade in the course, as designated above.**

Student Signature: _____ **Date:** _____

Instructor of Record Signature: _____ **Date:** _____

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Date received by Registrar's Office: _____ By: _____