Incomplete Grade Agreement between Student and Instructor

Student Name: ____________________ WID Number: _______________________
Course Number__________________ Credits _______ Class Number (5-digit) ______________
Course Name_______________________________________ Course term _________________

Reason for Incomplete:
__________________________________________________________________________
__________________________________________________________________________

Specific requirements for resolving the Incomplete (I) grade. Include details of remaining requirements to be completed. This may include maximum grade points possible for specific assignments/examinations.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Required Resolution Date__________________________________
Date by which the incomplete must be resolved, if prior to end of next regular term (summer, fall, or spring)

Current grade points accumulated by student / maximum points possible in course:
_______ / _______

Current grade: __________

☐ I (student) acknowledge that I have read and understand the Incomplete Policy in the University Handbook, Section F83. http://www.k-state.edu/provost/universityhb/fhsecf.html and https://www.k-state.edu/registrar/students/academicpolicy/#GRADING

___________________________  ______________________________
1. Student’s signature 2. Signature of the instructor who granted the incomplete