



## Contract for Completion of Incomplete (“I”) Grade

Name: \_\_\_\_\_ OSU ID #: \_\_\_\_\_  
*Last First Middle*

\_\_\_\_\_ *Course Prefix and Number* \_\_\_\_\_ *CRN* \_\_\_\_\_ *Course Title* \_\_\_\_\_ *Credits*

\_\_\_\_\_ *Instructor* \_\_\_\_\_ *Term Taken*

\_\_\_\_\_ *Date of Contract* \_\_\_\_\_ *Date course work to be completed by  
or default grade becomes earned grade*

**Remaining work to be completed (Please attach syllabus & highlight items noted below):**

<b>Work</b>	<b>pt. value/total possible or</b>	<b>% value of total pts.</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other comments and/or resources needed from instructor by specified date:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student’s Default Grade:**

If remaining work to be completed is NOT turned in, the grade the student would earn: \_\_\_\_\_

We understand that unless the student completes the above listed course work by the completion date stated, the grade for this class will revert from an “I” to the Student’s Default Grade noted above. It is the responsibility of the student to see that work is completed and submitted by the agreed upon date or at the time of degree conferral, whichever comes first. Refer to [Academic Regulation 17, Grades](#).

Student \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_ Date \_\_\_\_\_

**Faculty, please provide a copy of this agreement to:**

- Department Head
- Student’s Academic Advising Office
- Student
- Faculty member of record