



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):

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

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.

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