



## Extension of Time to Remove Incomplete Grade

A student may petition via the Office of the Registrar for an extension of the one calendar year deadline with the concurrence of the faculty. An approved petition will grant an extension of a single additional term, with a maximum of three total extensions being possible.

- An approved petition for an extension of time to remove an incomplete will be voided at the time of degree conferral.
- A renewed contract (below) must be established between student and instructor and this completed petition must be submitted to the Office of the Registrar **before** the one-year deadline is reached.
- See [Academic Regulation 17](http://catalog.oregonstate.edu/ChapterDetail.aspx?key=75#Section2885) (<http://catalog.oregonstate.edu/ChapterDetail.aspx?key=75#Section2885>)

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

Subject \_\_\_\_\_ Course # \_\_\_\_\_ CRN # \_\_\_\_\_ Credits \_\_\_\_\_

Term Incomplete Grade was issued \_\_\_\_\_ Term Incomplete Grade will be completed \_\_\_\_\_

Reasons for extension: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructor:**  Approve  Disapprove

\_\_\_\_\_  
Instructor Name (printed)

\_\_\_\_\_  
Instructor Signature

**Department Chair:**  Approve  Disapprove

\_\_\_\_\_  
Department Chair Name (printed)

\_\_\_\_\_  
Department Chair Signature



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

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

\_\_\_\_\_

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

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

Date of Contract	Date course work to be completed by or default grade becomes earned grade
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**Remaining work to be completed (Please attach syllabus and 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

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