



KINESIOLOGY, HEALTH AND SPORT STUDIES
COLLEGE OF EDUCATION

CONTRACT: GRADES OF “INCOMPLETE”

Course: _____ **Call #:** _____ **Semester:** _____

Student: _____ **I.D.#:** _____

Address: _____
Number Street City State Zip

Phone: _____ **Instructor:** _____

While University policy requires that grades of “Incomplete” be removed within one calendar year from the due date listed on the Final Grade list, an instructor may require that work be completed by some date within that year. “Incomplete” grades automatically register as “**FAIL**” after one year.

The coursework that remains to be completed is described below:

This coursework must be submitted in final form by:

Student Signature **Date** **Instructor’s Signature** **Date**

Copies: Triplicate – Instructor/Student/Office

12/06/2006