

Suffolk University

Incomplete Contract

College of Arts and Sciences

Sawyer Business School

Section A: To be completed by Student

Name _____ ID# _____ Date _____

Address _____

Phone (c) _____ Phone (h) _____ (E-mail) _____

Course Number & Section: _____ Semester/Year Taken: _____

Course Title: _____ Faculty: _____

Reason for Incomplete Request (attach supporting information or documentation for your request if necessary):

Section B: To be completed by Instructor

The student satisfactorily completed 50% of the coursework: Yes No (incomplete not appropriate)

The student understands all assignments/assessments to be done: Yes No (document this below)

The instructor has recorded grades for all completed work and can Yes No
calculate an accurate grade upon completion of remaining work.

The student will complete all work by the end of the next semester Yes No ("I" turns to "F" after 1yr)

Itemize Remaining Course Requirements: (For additional space attach a letter to this form.)

Also attach a copy of the syllabus to this form.

The incomplete becomes an "F" if not completed in full *as detailed above* by (DATE): _____

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Chairperson Signature _____ Date: _____