

# Suffolk University

## Incomplete Contract

College of Arts and Sciences

Sawyer Business School

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### 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 calculate an accurate grade upon completion of remaining work. \_\_\_ Yes \_\_\_ No

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.**

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Chairperson Signature \_\_\_\_\_ Date: \_\_\_\_\_