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: ___________________________