

# 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: \_\_\_\_\_