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 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:  ______________